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| Fill in this information to identify your case: |                                 |                                 |
|-------------------------------------------------|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF GEORGIA                    | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|                                                 | Chapter 7                       |                                 |
|                                                 | ☐ Chapter 11                    |                                 |
|                                                 | ☐ Chapter 12                    |                                 |
|                                                 | ☐ Chapter 13                    | Check if this an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | t 1: Identify Y                                                                          | ourself                             |                                               |             |                                               |  |  |
|----|------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------|-------------|-----------------------------------------------|--|--|
|    |                                                                                          |                                     | About Debtor 1:                               |             | About Debtor 2 (Spouse Only in a Joint Case): |  |  |
| 1. | Your full name                                                                           | •                                   |                                               |             |                                               |  |  |
|    | Write the name your government picture identification example, your of                   | nt-issued<br>ation (for<br>driver's | Janette First name                            |             | First name                                    |  |  |
|    | license or passport).                                                                    | Middle name                         |                                               | Middle name |                                               |  |  |
|    | Bring your picture identification to your meeting with the trustee.                      |                                     | Farr Last name and Suffix (Sr., Jr., II, III) |             | Last name and Suffix (Sr., Jr., II, III)      |  |  |
| 2. | All other name                                                                           |                                     |                                               |             |                                               |  |  |
|    | Include your ma<br>maiden names.                                                         |                                     |                                               |             |                                               |  |  |
| 3. | Only the last 4<br>your Social Se<br>number or fed<br>Individual Tax<br>Identification r | curity<br>eral<br>payer             | xxx-xx-9507                                   |             |                                               |  |  |

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Case number (if known)

Debtor 1 Janette Eva Farr

|    |                                                                                                         | About Debtor 1:                                                                                                                                     |                                                                                                                                            | About Debtor 2 (Spouse Only in a Joint Case):                                                                        |  |  |  |
|----|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.                                                                                                        |                                                                                                                                            | ☐ I have not used any business name or EINs.                                                                         |  |  |  |
|    | Include trade names and doing business as names                                                         | Business name(s)                                                                                                                                    | _                                                                                                                                          | Business name(s)                                                                                                     |  |  |  |
|    |                                                                                                         | EINs                                                                                                                                                |                                                                                                                                            | EINS                                                                                                                 |  |  |  |
| 5. | Where you live                                                                                          |                                                                                                                                                     |                                                                                                                                            | If Debtor 2 lives at a different address:                                                                            |  |  |  |
|    |                                                                                                         | 3692 Treybyrne Xing<br>Dacula, GA 30019                                                                                                             |                                                                                                                                            |                                                                                                                      |  |  |  |
|    |                                                                                                         | Number, Street, City, State & ZIP Code                                                                                                              |                                                                                                                                            | Number, Street, City, State & ZIP Code                                                                               |  |  |  |
|    |                                                                                                         | Gwinnett                                                                                                                                            |                                                                                                                                            |                                                                                                                      |  |  |  |
|    |                                                                                                         | County                                                                                                                                              | County                                                                                                                                     |                                                                                                                      |  |  |  |
|    |                                                                                                         | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |                                                                                                                      |  |  |  |
|    |                                                                                                         | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                    | _                                                                                                                                          | Number, P.O. Box, Street, City, State & ZIP Code                                                                     |  |  |  |
| 6. | Why you are choosing this district to file for                                                          | Check one:                                                                                                                                          |                                                                                                                                            | Check one:                                                                                                           |  |  |  |
|    | bankruptcy                                                                                              | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                |                                                                                                                                            | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |  |  |  |
|    |                                                                                                         | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                                        |                                                                                                                                            | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                            |  |  |  |
|    |                                                                                                         |                                                                                                                                                     |                                                                                                                                            |                                                                                                                      |  |  |  |

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Case number (if known) Debtor 1 Janette Eva Farr

| ar  | t 2: Tell the Court About                                                                                         | Your E                                                                                                                                                                                                  | Bankruptcy Ca                                      | se                                                     |                                                                                                                  |                                                                                                                                                                                         |      |  |
|-----|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|
| 7.  | The chapter of the Bankruptcy Code you are                                                                        | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                                    |                                                        |                                                                                                                  |                                                                                                                                                                                         |      |  |
|     | choosing to file under                                                                                            | <b>■</b> C                                                                                                                                                                                              | hapter 7                                           |                                                        |                                                                                                                  |                                                                                                                                                                                         |      |  |
|     |                                                                                                                   | □с                                                                                                                                                                                                      | hapter 11                                          |                                                        |                                                                                                                  |                                                                                                                                                                                         |      |  |
|     |                                                                                                                   | □с                                                                                                                                                                                                      | hapter 12                                          |                                                        |                                                                                                                  |                                                                                                                                                                                         |      |  |
|     |                                                                                                                   |                                                                                                                                                                                                         | Chapter 13                                         |                                                        |                                                                                                                  |                                                                                                                                                                                         |      |  |
| 3.  | How you will pay the fee                                                                                          | •                                                                                                                                                                                                       | about how yo                                       | u may pay. Typ<br>attorney is sub                      | pically, if you are paying the fee yo                                                                            | k with the clerk's office in your local court for more deta<br>burself, you may pay with cash, cashier's check, or mor<br>alf, your attorney may pay with a credit card or check w      | ey   |  |
|     |                                                                                                                   |                                                                                                                                                                                                         |                                                    |                                                        | tallments. If you choose this options (Official Form 103A).                                                      | on, sign and attach the Application for Individuals to Pa                                                                                                                               | /    |  |
|     |                                                                                                                   |                                                                                                                                                                                                         | I request that<br>but is not req<br>applies to you | t my fee be wa<br>uired to, waive<br>ur family size ar | aived (You may request this option your fee, and may do so only if your fee in your are unable to pay the fee in | n only if you are filing for Chapter 7. By law, a judge ma<br>our income is less than 150% of the official poverty line<br>in installments). If you choose this option, you must fill o | that |  |
|     |                                                                                                                   |                                                                                                                                                                                                         | the <i>Applicatio</i>                              | on to Have the (                                       | Chapter 7 Filing Fee Waived (Offi                                                                                | cial Form 103B) and file it with your petition.                                                                                                                                         |      |  |
| ).  | Have you filed for bankruptcy within the                                                                          | ■ No                                                                                                                                                                                                    |                                                    |                                                        |                                                                                                                  |                                                                                                                                                                                         |      |  |
|     | last 8 years?                                                                                                     | ☐ Ye                                                                                                                                                                                                    |                                                    |                                                        | 14/1                                                                                                             | 2                                                                                                                                                                                       |      |  |
|     |                                                                                                                   |                                                                                                                                                                                                         | District                                           |                                                        | When                                                                                                             | Case number                                                                                                                                                                             |      |  |
|     |                                                                                                                   |                                                                                                                                                                                                         | District                                           |                                                        | When When                                                                                                        | Case number                                                                                                                                                                             |      |  |
|     |                                                                                                                   |                                                                                                                                                                                                         | District                                           |                                                        | vvnen                                                                                                            | Case number                                                                                                                                                                             |      |  |
| 10. | Are any bankruptcy cases pending or being                                                                         | ■ N                                                                                                                                                                                                     | 0                                                  |                                                        |                                                                                                                  |                                                                                                                                                                                         |      |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye                                                                                                                                                                                                    | es.                                                |                                                        |                                                                                                                  |                                                                                                                                                                                         |      |  |
|     |                                                                                                                   |                                                                                                                                                                                                         | Debtor                                             |                                                        |                                                                                                                  | Relationship to you                                                                                                                                                                     |      |  |
|     |                                                                                                                   |                                                                                                                                                                                                         | District                                           |                                                        | When                                                                                                             | Case number, if known                                                                                                                                                                   |      |  |
|     |                                                                                                                   |                                                                                                                                                                                                         | Debtor                                             |                                                        |                                                                                                                  | Relationship to you                                                                                                                                                                     |      |  |
|     |                                                                                                                   |                                                                                                                                                                                                         | District                                           |                                                        | When                                                                                                             | Case number, if known                                                                                                                                                                   |      |  |
| 1.  | Do you rent your residence?                                                                                       | ■ N                                                                                                                                                                                                     | o. Go to l                                         | ine 12.                                                |                                                                                                                  |                                                                                                                                                                                         |      |  |
|     |                                                                                                                   | □ Ye                                                                                                                                                                                                    | es. Has yo                                         | ur landlord obta                                       | ained an eviction judgment agains                                                                                | t you?                                                                                                                                                                                  |      |  |
|     |                                                                                                                   |                                                                                                                                                                                                         |                                                    | No. Go to line                                         | 12.                                                                                                              |                                                                                                                                                                                         |      |  |
|     |                                                                                                                   |                                                                                                                                                                                                         |                                                    | Yes. Fill out In this bankrupto                        |                                                                                                                  | Judgment Against You (Form 101A) and file it as part o                                                                                                                                  | f    |  |

Debtor 1 Janette Eva Farr Case number (if known)

| art  | Report About Any Bu                                                                                                                                             | sinesses                                                                                                                                                                                                                                                                                                                                                                                   | You Own                                                                                                                | as a Sole Proprieto                                  | r                                                                                      |  |  |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?                                                                                                   | ■ No.                                                                                                                                                                                                                                                                                                                                                                                      | Go to                                                                                                                  | Part 4.                                              |                                                                                        |  |  |
|      |                                                                                                                                                                 | ☐ Yes.                                                                                                                                                                                                                                                                                                                                                                                     | Name                                                                                                                   | and location of busin                                | ess                                                                                    |  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                                                                                                                                                                                                                                                                                                                                                                                            | Name                                                                                                                   | Name of business, if any                             |                                                                                        |  |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach                                                                                  | & ZIP Code                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                      |                                                                                        |  |  |
|      | it to this petition.                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                            | Check                                                                                                                  | Check the appropriate box to describe your business: |                                                                                        |  |  |
|      |                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | Health Care Busine                                   | ss (as defined in 11 U.S.C. § 101(27A))                                                |  |  |
|      |                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | Single Asset Real E                                  | state (as defined in 11 U.S.C. § 101(51B))                                             |  |  |
|      |                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | Stockbroker (as def                                  | ined in 11 U.S.C. § 101(53A))                                                          |  |  |
|      |                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | Commodity Broker                                     | (as defined in 11 U.S.C. § 101(6))                                                     |  |  |
|      |                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | None of the above                                    |                                                                                        |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                                                         | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set at deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. 1116(1)(B). |                                                                                                                        |                                                      |                                                                                        |  |  |
|      | For a definition of small                                                                                                                                       | ■ No.                                                                                                                                                                                                                                                                                                                                                                                      | I am n                                                                                                                 | ot filing under Chapte                               | er 11.                                                                                 |  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).                                                                                                                      | □ No.                                                                                                                                                                                                                                                                                                                                                                                      | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |                                                      |                                                                                        |  |  |
|      |                                                                                                                                                                 | ☐ Yes.                                                                                                                                                                                                                                                                                                                                                                                     | I am fil                                                                                                               | ing under Chapter 11                                 | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| Part | A: Report if You Own or                                                                                                                                         | Have Any                                                                                                                                                                                                                                                                                                                                                                                   | Hazardo                                                                                                                | is Property or Any                                   | Property That Needs Immediate Attention                                                |  |  |
|      | Do you own or have any                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                            | · iazai ao                                                                                                             | ao i roporty or 7my                                  | Toporty That Reede Hillingalate Attention                                              |  |  |
|      | property that poses or is alleged to pose a threat of imminent and                                                                                              | ■ No. □ Yes.                                                                                                                                                                                                                                                                                                                                                                               | What is t                                                                                                              | ne hazard?                                           |                                                                                        |  |  |
|      | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?                                                      |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | ate attention is why is it needed?                   |                                                                                        |  |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                               |                                                                                                                                                                                                                                                                                                                                                                                            | Where is                                                                                                               | the property?                                        | Number, Street, City, State & Zip Code                                                 |  |  |
|      |                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | ·                                                    | , , , , , , , , , , , , , , , , , , ,                                                  |  |  |

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Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Par | 6: Answer These Questi                                         | ons for Re                                                                                                                                                                                           | eporting Purposes                    |                                                                                                                                                                                                 |                                                                                             |  |  |  |  |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|--|--|--|
| 16. | What kind of debts do you have?                                | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "ir individual primarily for a personal, family, or household purpose."                            |                                      |                                                                                                                                                                                                 |                                                                                             |  |  |  |  |
|     |                                                                |                                                                                                                                                                                                      | ☐ No. Go to line 16b.                |                                                                                                                                                                                                 |                                                                                             |  |  |  |  |
|     |                                                                |                                                                                                                                                                                                      | ■ Yes. Go to line 17.                |                                                                                                                                                                                                 |                                                                                             |  |  |  |  |
|     |                                                                | 16b.                                                                                                                                                                                                 |                                      | usiness debts? Business debts are debestment or through the operation of the b                                                                                                                  |                                                                                             |  |  |  |  |
|     |                                                                |                                                                                                                                                                                                      | ☐ No. Go to line 16c.                |                                                                                                                                                                                                 |                                                                                             |  |  |  |  |
|     |                                                                |                                                                                                                                                                                                      | ☐ Yes. Go to line 17.                |                                                                                                                                                                                                 |                                                                                             |  |  |  |  |
|     |                                                                | 16c.                                                                                                                                                                                                 | State the type of debts you o        | we that are not consumer debts or busir                                                                                                                                                         | ness debts                                                                                  |  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?                             | □ No.                                                                                                                                                                                                | I am not filing under Chapter        | 7. Go to line 18.                                                                                                                                                                               |                                                                                             |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and | ■ Yes.                                                                                                                                                                                               |                                      | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |                                                                                             |  |  |  |  |
|     | administrative expenses are paid that funds will               |                                                                                                                                                                                                      | ■ No                                 |                                                                                                                                                                                                 |                                                                                             |  |  |  |  |
|     | be available for distribution to unsecured creditors?          |                                                                                                                                                                                                      | ☐ Yes                                |                                                                                                                                                                                                 |                                                                                             |  |  |  |  |
| 18. | How many Creditors do                                          | <b>1</b> -49                                                                                                                                                                                         |                                      | <b>1</b> ,000-5,000                                                                                                                                                                             | □ 25,001-50,000                                                                             |  |  |  |  |
|     | you estimate that you owe?                                     | □ 50-99                                                                                                                                                                                              |                                      | ☐ 5001-10,000                                                                                                                                                                                   | 50,001-100,000                                                                              |  |  |  |  |
|     |                                                                | ☐ 100-19<br>☐ 200-99                                                                                                                                                                                 |                                      | □ 10,001-25,000                                                                                                                                                                                 | ☐ More than100,000                                                                          |  |  |  |  |
|     |                                                                | <b>□</b> 200-98                                                                                                                                                                                      | 99<br>                               |                                                                                                                                                                                                 |                                                                                             |  |  |  |  |
| 19. | How much do you                                                | □ \$0 - \$50,000                                                                                                                                                                                     |                                      | ☐ \$1,000,001 - \$10 million                                                                                                                                                                    | ☐ \$500,000,001 - \$1 billion                                                               |  |  |  |  |
|     | estimate your assets to be worth?                              | _                                                                                                                                                                                                    | 01 - \$100,000                       | □ \$10,000,001 - \$50 million                                                                                                                                                                   | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                       |  |  |  |  |
|     |                                                                |                                                                                                                                                                                                      | 001 - \$500,000<br>001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million                                                                                                                                  | ☐ \$10,000,000 - \$50 billion                                                               |  |  |  |  |
| 20. | How much do you                                                | □ \$0 - \$5                                                                                                                                                                                          | 50,000                               | ☐ \$1,000,001 - \$10 million                                                                                                                                                                    | ☐ \$500,000,001 - \$1 billion                                                               |  |  |  |  |
|     | estimate your liabilities to be?                               | □ \$50,0                                                                                                                                                                                             | 01 - \$100,000                       | □ \$10,000,001 - \$50 million                                                                                                                                                                   | □ \$1,000,000,001 - \$10 billion                                                            |  |  |  |  |
|     |                                                                |                                                                                                                                                                                                      | 001 - \$500,000                      | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                                                                                                                               | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                                  |  |  |  |  |
|     |                                                                | <b>□</b> \$500,0                                                                                                                                                                                     | 001 - \$1 million                    | <b>—</b> \$100,000,001 - \$300 Hillion                                                                                                                                                          | iviole triair \$50 billion                                                                  |  |  |  |  |
| Par | 7: Sign Below                                                  |                                                                                                                                                                                                      |                                      |                                                                                                                                                                                                 |                                                                                             |  |  |  |  |
| For | you                                                            | I have exa                                                                                                                                                                                           | amined this petition, and I dec      | clare under penalty of perjury that the inf                                                                                                                                                     | ormation provided is true and correct.                                                      |  |  |  |  |
|     |                                                                |                                                                                                                                                                                                      |                                      | , I am aware that I may proceed, if eligibelief available under each chapter, and I                                                                                                             | ole, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.          |  |  |  |  |
|     |                                                                | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |                                      |                                                                                                                                                                                                 |                                                                                             |  |  |  |  |
|     |                                                                | I request                                                                                                                                                                                            | relief in accordance with the c      | chapter of title 11, United States Code, s                                                                                                                                                      | pecified in this petition.                                                                  |  |  |  |  |
|     |                                                                | bankrupto<br>and 3571                                                                                                                                                                                | cy case can result in fines up t     |                                                                                                                                                                                                 | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |  |
|     |                                                                | /s/ Janet<br>Janette I                                                                                                                                                                               | te Eva Farr<br>Eva Farr              |                                                                                                                                                                                                 | otor 2                                                                                      |  |  |  |  |
|     |                                                                |                                                                                                                                                                                                      | of Debtor 1                          | Signature of Dol                                                                                                                                                                                | _                                                                                           |  |  |  |  |
|     |                                                                | Executed                                                                                                                                                                                             | on February 28, 2019                 | Executed on                                                                                                                                                                                     |                                                                                             |  |  |  |  |
|     | MM / DD / YYYY MM / DD / YYYY                                  |                                                                                                                                                                                                      |                                      |                                                                                                                                                                                                 |                                                                                             |  |  |  |  |

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Debtor 1 Janette Eva Farr Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David E. Galler                    | Date          | February 28, 2019   |  |  |  |  |
|----------------------------------------|---------------|---------------------|--|--|--|--|
| Signature of Attorney for Debtor       | _             | MM / DD / YYYY      |  |  |  |  |
| David E. Galler 283015                 |               |                     |  |  |  |  |
| Printed name                           |               |                     |  |  |  |  |
| Galler Law. LLC                        |               |                     |  |  |  |  |
| Firm name                              |               |                     |  |  |  |  |
| P.O. Box 2118                          |               |                     |  |  |  |  |
| Roswell, GA 30077                      |               |                     |  |  |  |  |
| Number, Street, City, State & ZIP Code |               |                     |  |  |  |  |
| Contact phone 678-310-9088             | Email address | david@gallerlaw.com |  |  |  |  |
| 283015 GA                              |               |                     |  |  |  |  |
| Bar number & State                     |               |                     |  |  |  |  |

# 

| Fill | in this inform             | nation to identify you                      | case:                                      |                                                                                               |                                            |                                                       |
|------|----------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| De   | btor 1                     | Janette Eva Farr                            |                                            |                                                                                               |                                            |                                                       |
|      |                            | First Name                                  | Middle Name                                | Last Name                                                                                     |                                            |                                                       |
|      | btor 2<br>buse if, filing) | First Name                                  | Middle Name                                | Last Name                                                                                     |                                            |                                                       |
| Uni  | ited States Bar            | kruptcy Court for the:                      | NORTHERN DISTRICT (                        | OF GEORGIA                                                                                    |                                            |                                                       |
| Ca   | se number                  |                                             |                                            |                                                                                               |                                            |                                                       |
|      | nown)                      |                                             |                                            |                                                                                               | _                                          | theck if this is an mended filing                     |
|      |                            |                                             |                                            |                                                                                               |                                            | menaea ming                                           |
| ~    | · · · · · · - ·            | 4.07                                        |                                            |                                                                                               |                                            |                                                       |
| _    | ficial Fo                  |                                             |                                            |                                                                                               | _                                          |                                                       |
| St   | atement                    | of Financial                                | Affairs for Individ                        | duals Filing for B                                                                            | ankruptcy                                  | 4/16                                                  |
|      |                            |                                             |                                            |                                                                                               | equally responsible for sup                |                                                       |
|      |                            | ore space is needed,<br>). Answer every que |                                            | this form. On the top of any                                                                  | vadditional pages, write you               | ir name and case                                      |
|      | <u> </u>                   | ,                                           |                                            |                                                                                               |                                            |                                                       |
| Pai  | -                          |                                             | rital Status and Where You                 | Lived Before                                                                                  |                                            |                                                       |
| 1.   | What is your               | current marital statu                       | s?                                         |                                                                                               |                                            |                                                       |
|      | Married                    |                                             |                                            |                                                                                               |                                            |                                                       |
|      | □ Not mar                  | ried                                        |                                            |                                                                                               |                                            |                                                       |
| 2.   | During the la              | st 3 years, have you                        | lived anywhere other than                  | where you live now?                                                                           |                                            |                                                       |
|      | ■ No                       |                                             |                                            |                                                                                               |                                            |                                                       |
|      | ☐ Yes. List                | all of the places you l                     | ived in the last 3 years. Do no            | ot include where you live now                                                                 |                                            |                                                       |
|      | Debtor 1 Pri               | or Address:                                 | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad                                                                             | dress:                                     | Dates Debtor 2<br>lived there                         |
| 3    | Within the la              | st 8 vears, did vou ev                      | ver live with a spouse or led              | ual equivalent in a commun                                                                    | ity property state or territory            | 1? (Community property                                |
| stat |                            |                                             |                                            |                                                                                               | co, Texas, Washington and W                |                                                       |
|      | ■ No                       |                                             |                                            |                                                                                               |                                            |                                                       |
|      | _                          | ke sure vou fill out <i>Scl</i>             | nedule H: Your Codebtors (Of               | fficial Form 106H).                                                                           |                                            |                                                       |
|      | - 100.1114                 | no caro you iiii car coi                    | iodalo II. Todi Godobiolo (Gi              | moder of the root ty.                                                                         |                                            |                                                       |
| Pa   | t 2 Explain                | n the Sources of You                        | r Income                                   |                                                                                               |                                            |                                                       |
| 4.   | Fill in the tota           | I amount of income yo                       | u received from all jobs and a             | g a business during this yeall businesses, including parteting together, list it only once un |                                            | ndar years?                                           |
|      | □ No                       |                                             |                                            |                                                                                               |                                            |                                                       |
|      |                            | in the details.                             |                                            |                                                                                               |                                            |                                                       |
|      | _ 100.11                   | in the detaile.                             |                                            |                                                                                               |                                            |                                                       |
|      |                            |                                             | Debtor 1                                   |                                                                                               | Debtor 2                                   |                                                       |
|      |                            |                                             | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                         | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|      |                            | of current year until<br>d for bankruptcy:  | ■ Wages, commissions, bonuses, tips        | \$6,331.00                                                                                    | ☐ Wages, commissions, bonuses, tips        |                                                       |
|      |                            |                                             | ☐ Operating a business                     |                                                                                               | ☐ Operating a business                     |                                                       |

Official Form 107

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Debtor 1 Janette Eva Farr

|                                                                                                   | Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   | Debtor 2                                                 |                                                       |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|--|--|--|--|--|
|                                                                                                   | Sources of income<br>Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                | Gross income<br>(before deductions and<br>exclusions)                                             | Sources of income<br>Check all that apply.               | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |
| For last calendar year:<br>(January 1 to December 31, 201                                         | Wages, commissions, bonuses, tips                                                                                                                                                                                                                                                                                                                                                                                                         | \$39,722.00                                                                                       | ☐ Wages, commissions, bonuses, tips                      |                                                       |  |  |  |  |  |
|                                                                                                   | ☐ Operating a business                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   | ☐ Operating a business                                   |                                                       |  |  |  |  |  |
| For the calendar year before th (January 1 to December 31, 201                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$39,746.00                                                                                       | ☐ Wages, commissions, bonuses, tips                      |                                                       |  |  |  |  |  |
|                                                                                                   | ☐ Operating a business                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   | ☐ Operating a business                                   |                                                       |  |  |  |  |  |
| Include income regardless of<br>and other public benefit paym<br>winnings. If you are filing a jo | ncome during this year or the two whether that income is taxable. Exanents; pensions; rental income; interint case and you have income that yes income from each source separat                                                                                                                                                                                                                                                           | amples of other income are a<br>est; dividends; money collec-<br>you received together, list it o | ted from lawsuits; royalties; a nly once under Debtor 1. |                                                       |  |  |  |  |  |
|                                                                                                   | Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   | Debtor 2                                                 |                                                       |  |  |  |  |  |
|                                                                                                   | Sources of income Describe below.                                                                                                                                                                                                                                                                                                                                                                                                         | Gross income from<br>each source<br>(before deductions and<br>exclusions)                         | Sources of income<br>Describe below.                     | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |
| Part 3: List Certain Payment                                                                      | s You Made Before You Filed for I                                                                                                                                                                                                                                                                                                                                                                                                         | Bankruptcy                                                                                        |                                                          |                                                       |  |  |  |  |  |
| ☐ No. <b>Neither Debtor 1</b> individual primaril  During the 90 day ☐ No. Go to                  | btor 2's debts primarily consumer<br>nor Debtor 2 has primarily consu<br>y for a personal, family, or househol<br>es before you filed for bankruptcy, die<br>b line 7.                                                                                                                                                                                                                                                                    | imer debts. Consumer debts d purpose."                                                            |                                                          | 01(8) as "incurred by an                              |  |  |  |  |  |
| paid t<br>not in                                                                                  | ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. |                                                                                                   |                                                          |                                                       |  |  |  |  |  |
|                                                                                                   | or 2 or both have primarily consurs before you filed for bankruptcy, did                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   | of \$600 or more?                                        |                                                       |  |  |  |  |  |
| ■ No. Go to                                                                                       | line 7.                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                                                          |                                                       |  |  |  |  |  |
| includ                                                                                            | elow each creditor to whom you paid<br>de payments for domestic support of<br>ney for this bankruptcy case.                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                          |                                                       |  |  |  |  |  |
| Creditor's Name and Addre                                                                         | ess Dates of payme                                                                                                                                                                                                                                                                                                                                                                                                                        | nt Total amount                                                                                   | Amount you Was this                                      | payment for                                           |  |  |  |  |  |

still owe

paid

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Debtor 1 Janette Eva Farr

| 7.  | Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.                                  | rtners; relatives of any gene<br>control, or owner of 20% of | eral partners; partner<br>r more of their voting | erships of which yog<br>g securities; and a | ou are a gener<br>ny managing a | al partner; corporations agent, including one for |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------|---------------------------------------------|---------------------------------|---------------------------------------------------|--|
|     | Yes. List all payments to an insider.                                                                                                                                                                                                  |                                                              |                                                  |                                             |                                 |                                                   |  |
|     | Insider's Name and Address                                                                                                                                                                                                             | Dates of payment                                             | Total amount paid                                | Amount you still owe                        | Reason for                      | this payment                                      |  |
| 8.  | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cost  No                                                                                                                                 |                                                              | ments or transfer a                              | any property on a                           | ccount of a d                   | ebt that benefited an                             |  |
|     | Yes. List all payments to an insider                                                                                                                                                                                                   |                                                              |                                                  |                                             |                                 |                                                   |  |
|     | Insider's Name and Address                                                                                                                                                                                                             | Dates of payment                                             | Total amount paid                                | Amount you still owe                        | Reason for                      | this payment<br>ditor's name                      |  |
| Do  | rt 4: Identify Legal Actions, Repossession                                                                                                                                                                                             | o and Faradaauraa                                            |                                                  |                                             |                                 |                                                   |  |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  ■ No □ Yes. Fill in the details.                                                                  |                                                              |                                                  |                                             |                                 |                                                   |  |
|     | Case title Case number                                                                                                                                                                                                                 | Nature of the case                                           | Court or agency                                  |                                             | Status of th                    | ne case                                           |  |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.                                                                               |                                                              | erty repossessed, f                              | oreclosed, garnis                           | shed, attache                   | d, seized, or levied?                             |  |
|     | Creditor Name and Address                                                                                                                                                                                                              | Describe the Property                                        |                                                  | Date                                        |                                 | Value of the property                             |  |
|     |                                                                                                                                                                                                                                        | Explain what happened                                        |                                                  |                                             |                                 |                                                   |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details. |                                                              |                                                  |                                             |                                 |                                                   |  |
|     | Creditor Name and Address                                                                                                                                                                                                              | Describe the action the                                      | creditor took                                    | Date<br>taker                               | Date action was Amount taken    |                                                   |  |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at No Yes                                                                                                                                       |                                                              | erty in the possess                              | ion of an assigne                           | e for the ben                   | efit of creditors, a                              |  |
| Pai | t 5: List Certain Gifts and Contributions                                                                                                                                                                                              |                                                              |                                                  |                                             |                                 |                                                   |  |
| 13. | Within 2 years before you filed for bankrup                                                                                                                                                                                            | tcy, did you give any gifts                                  | s with a total value                             | of more than \$60                           | 0 per person                    | ?                                                 |  |
|     | Yes. Fill in the details for each gift.                                                                                                                                                                                                |                                                              |                                                  |                                             |                                 |                                                   |  |
|     | Gifts with a total value of more than \$600 per person                                                                                                                                                                                 | Describe the gifts                                           |                                                  | Date:<br>the g                              | s you gave<br>ifts              | Value                                             |  |
|     | Person to Whom You Gave the Gift and Address:                                                                                                                                                                                          |                                                              |                                                  |                                             |                                 |                                                   |  |

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| <ul> <li>14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charit</li> <li>■ No</li> <li>□ Yes. Fill in the details for each gift or contribution.</li> </ul>                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                         |                         |                                         |                           |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|---------------------------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                         | Gifts or contributions to charities that is more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code                                                                                                                                                                                                                                                                                                                    |          | Describe what you contributed                                                                                           |                         | Dates you contributed                   | Value                     |  |  |
| Par                                                                                                                                                                                                                                                                                                                                                                     | t 6: List Certain Losses                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                                                                                                                         |                         |                                         |                           |  |  |
| 15.                                                                                                                                                                                                                                                                                                                                                                     | Within 1 year before you filed for bankru or gambling?                                                                                                                                                                                                                                                                                                                                                                                          | ptcy or  | since you filed for bankruptcy, did y                                                                                   | ou lose anytl           | ning because of theft                   | t, fire, other disaster,  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                         | No                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                                                                                                         |                         |                                         |                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                         | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                         |                         |                                         |                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                         | Describe the property you lost and how the loss occurred                                                                                                                                                                                                                                                                                                                                                                                        | Include  | be any insurance coverage for the lot<br>the amount that insurance has paid. L<br>ce claims on line 33 of Schedule A/B: | ist pending             | Date of your loss                       | Value of property<br>lost |  |  |
| Par                                                                                                                                                                                                                                                                                                                                                                     | t 7: List Certain Payments or Transfers                                                                                                                                                                                                                                                                                                                                                                                                         | s        |                                                                                                                         |                         |                                         |                           |  |  |
| <ul> <li>16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyon consulted about seeking bankruptcy or preparing a bankruptcy petition?</li> <li>Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                         |                         |                                         |                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                         | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                       |          | Description and value of any property                                                                                   |                         | D-1                                     | A                         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                         | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You                                                                                                                                                                                                                                                                                                                                                    |          | Description and value of any property transferred                                                                       |                         | Date payment or transfer was made       | Amount of payment         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                         | Galler Law. LLC<br>875 Old Roswell Road,<br>Suite B-100<br>Roswell, GA 30376<br>david@gallerlaw.com                                                                                                                                                                                                                                                                                                                                             |          | Attorney Fees \$1400.00<br>Credit report \$35.00<br>Filing Fee \$335.00                                                 |                         | Date of filing                          | \$1,770.00                |  |  |
| 17.                                                                                                                                                                                                                                                                                                                                                                     | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that  No Yes. Fill in the details.                                                                                                                                                                                                                                                                                    | ditors o | r to make payments to your creditor                                                                                     |                         | r transfer any proper                   | ty to anyone who          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                         | Person Who Was Paid<br>Address                                                                                                                                                                                                                                                                                                                                                                                                                  |          | Description and value of any prop transferred                                                                           | erty                    | Date payment<br>or transfer was<br>made | Amount of payment         |  |  |
| 18.                                                                                                                                                                                                                                                                                                                                                                     | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |          |                                                                                                                         |                         |                                         |                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                         | Yes. Fill in the details.  Person Who Received Transfer                                                                                                                                                                                                                                                                                                                                                                                         |          | Description and value of                                                                                                | Describe a              | iny property or                         | Date transfer was         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                         | Address Person's relationship to you                                                                                                                                                                                                                                                                                                                                                                                                            |          | property transferred                                                                                                    | payments<br>paid in exc | received or debts                       | made                      |  |  |

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Debtor 1 Janette Eva Farr

| 19. | beneficiary? (These are often called asset-pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | ly property to a  | seir-settie | ed trust or similar device                           | e or wnich you are a                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------|-------------|------------------------------------------------------|-----------------------------------------------|
|     | ☐ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                   |             |                                                      |                                               |
|     | Name of trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Description and v                                                        | alue of the pro   | perty trans | sferred                                              | Date Transfer was made                        |
| Pa  | tt 8: List of Certain Financial Accounts, Ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | truments, Safe Deposit                                                   | t Boxes, and St   | orage Unit  | ts                                                   |                                               |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated to the same series of the same serie | r other financial accou                                                  | nts; certificates | of deposi   | •                                                    | •                                             |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·                                                                        |                   |             |                                                      |                                               |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Last 4 digits of account number                                          | Type of acco      | unt or      | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ear before you filed for                                                 | bankruptcy, a     | ny safe de  | posit box or other depo                              | sitory for securities,                        |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                   |             |                                                      |                                               |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                   | Describe    | the contents                                         | Do you still have it?                         |
| 22. | Have you stored property in a storage unit o  ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | r place other than your                                                  | home within 1     | year befo   | re you filed for bankrup                             | tcy?                                          |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                   | Describe    | the contents                                         | Do you still have it?                         |
| Pa  | t 9: Identify Property You Hold or Control f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | for Someone Else                                                         |                   |             |                                                      |                                               |
| 23. | Do you hold or control any property that son for someone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | neone else owns? Incl                                                    | ude any proper    | ty you bor  | rowed from, are storing                              | for, or hold in trust                         |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                   |             |                                                      |                                               |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                   | Describe    | the property                                         | Value                                         |
| Pa  | t 10: Give Details About Environmental Info                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rmation                                                                  |                   |             |                                                      |                                               |
| For | the purpose of Part 10, the following definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ons apply:                                                               |                   |             |                                                      |                                               |
|     | Environmental law means any federal, state, toxic substances, wastes, or material into th regulations controlling the cleanup of these                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e air, land, soil, surface                                               | e water, ground   | • .         |                                                      |                                               |
|     | Site means any location, facility, or property to own, operate, or utilize it, including dispos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                        | environmental     | law, wheth  | er you now own, opera                                | te, or utilize it or used                     |
|     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                   |             |                                                      | cic substance,                                |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 Janette Eva Farr

|     | 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |                                                                            |                                                                                   |                    |  |  |  |  |  |  |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------|--|--|--|--|--|--|--|
|     | ■ No □ Yes. Fill in the details.                                                                                                       |                                                                            |                                                                                   |                    |  |  |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                     | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it                                                 | Date of notice     |  |  |  |  |  |  |  |
| 25. | Have you notified any governmental unit of                                                                                             | any release of hazardous material?                                         |                                                                                   |                    |  |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                       |                                                                            |                                                                                   |                    |  |  |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                     | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                                 | Date of notice     |  |  |  |  |  |  |  |
| 26. | Have you been a party in any judicial or adr                                                                                           | ninistrative proceeding under any envir                                    | ronmental law? Include settlements a                                              | and orders.        |  |  |  |  |  |  |  |
|     | ■ No<br>□ Yes. Fill in the details.                                                                                                    |                                                                            |                                                                                   |                    |  |  |  |  |  |  |  |
|     | Case Title<br>Case Number                                                                                                              | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                                                                | Status of the case |  |  |  |  |  |  |  |
| Par | 11: Give Details About Your Business or                                                                                                | Connections to Any Business                                                |                                                                                   |                    |  |  |  |  |  |  |  |
| 27. | Within 4 years before you filed for bankrupt                                                                                           | cy, did you own a business or have any                                     | y of the following connections to any                                             | business?          |  |  |  |  |  |  |  |
|     | ☐ A sole proprietor or self-employed i                                                                                                 | n a trade, profession, or other activity,                                  | either full-time or part-time                                                     |                    |  |  |  |  |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)                                                 |                                                                            |                                                                                   |                    |  |  |  |  |  |  |  |
|     | ☐ A partner in a partnership                                                                                                           | ☐ A partner in a partnership                                               |                                                                                   |                    |  |  |  |  |  |  |  |
|     | ☐ An officer, director, or managing ex                                                                                                 | ecutive of a corporation                                                   |                                                                                   |                    |  |  |  |  |  |  |  |
|     | ☐ An owner of at least 5% of the votin                                                                                                 | g or equity securities of a corporation                                    |                                                                                   |                    |  |  |  |  |  |  |  |
|     | ■ No. None of the above applies. Go to F                                                                                               | Part 12.                                                                   |                                                                                   |                    |  |  |  |  |  |  |  |
|     | ☐ Yes. Check all that apply above and fill                                                                                             | in the details below for each business.                                    |                                                                                   |                    |  |  |  |  |  |  |  |
|     | Business Name                                                                                                                          | Describe the nature of the business                                        | Employer Identification number                                                    |                    |  |  |  |  |  |  |  |
|     | (Number, Street, City, State and ZIP Code)                                                                                             | Name of accountant or bookkeeper                                           | Dates business existed                                                            | number of ITIN.    |  |  |  |  |  |  |  |
|     | Within 2 years before you filed for bankrun                                                                                            | cy, did you give a financial statement to                                  | o anyone about your business? Inclu                                               | ide all financial  |  |  |  |  |  |  |  |
|     | institutions, creditors, or other parties.                                                                                             |                                                                            |                                                                                   |                    |  |  |  |  |  |  |  |
|     | institutions, creditors, or other parties.                                                                                             |                                                                            |                                                                                   |                    |  |  |  |  |  |  |  |
|     | institutions, creditors, or other parties.                                                                                             | Date Issued                                                                |                                                                                   |                    |  |  |  |  |  |  |  |
|     | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)                                                                 | Describe the nature of the business  Name of accountant or bookkeeper      | Employer Identification nu<br>Do not include Social Sec<br>Dates business existed | urity ı            |  |  |  |  |  |  |  |

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Debtor 1 Janette Eva Farr

| Part 12: Sign Below                       |                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| are true and correct. I und               | n this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers erstand that making a false statement, concealing property, or obtaining money or property by fraud in connection n result in fines up to \$250,000, or imprisonment for up to 20 years, or both. |
| /s/ Janette Eva Farr                      |                                                                                                                                                                                                                                                                                                                             |
| Janette Eva Farr<br>Signature of Debtor 1 | Signature of Debtor 2                                                                                                                                                                                                                                                                                                       |
| Date February 28, 201                     | 9                                                                                                                                                                                                                                                                                                                           |
| Did you attach additional                 | pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?                                                                                                                                                                                                                     |
| ■ No                                      |                                                                                                                                                                                                                                                                                                                             |
| ☐ Yes                                     |                                                                                                                                                                                                                                                                                                                             |
|                                           | y someone who is not an attorney to help you fill out bankruptcy forms?                                                                                                                                                                                                                                                     |
| No                                        |                                                                                                                                                                                                                                                                                                                             |
| ☐ Yes. Name of Person                     | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).                                                                                                                                                                                                                         |

|                 | Case                                              | e 19-53160-v                                | vlh Doc 1                                 |                        |                                            |                         | Entered                            |                         | /19 10:      | 21:02 [                         | Desc Main                                                                            |      |
|-----------------|---------------------------------------------------|---------------------------------------------|-------------------------------------------|------------------------|--------------------------------------------|-------------------------|------------------------------------|-------------------------|--------------|---------------------------------|--------------------------------------------------------------------------------------|------|
| Fill ir         | n this inforr                                     | nation to identify                          | your case and th                          |                        |                                            |                         | JU LU UI A                         |                         |              |                                 |                                                                                      |      |
| Debte           | or 1                                              | Janette Eva F                               | arr                                       |                        |                                            |                         |                                    |                         |              |                                 |                                                                                      |      |
|                 |                                                   | First Name                                  | Middle                                    | Name                   |                                            | Last I                  | Name                               |                         |              |                                 |                                                                                      |      |
| Debto<br>(Spous | or 2<br>se, if filing)                            | First Name                                  | Middle                                    | Name                   |                                            | Last I                  | Name                               |                         |              |                                 |                                                                                      |      |
| Unite           | d States Ba                                       | nkruptcy Court for                          | the: NORTHER                              | N DIST                 | RICT OF GE                                 | EORGIA                  | A                                  |                         |              |                                 |                                                                                      |      |
| Case            | number _                                          |                                             |                                           |                        |                                            |                         |                                    |                         |              |                                 | ☐ Check if this i amended filin                                                      |      |
|                 |                                                   | rm 106A/B<br><b>e A/B: Pr</b>               |                                           |                        |                                            |                         |                                    |                         |              |                                 | 12/15                                                                                |      |
| hink i<br>nform | t fits best. B<br>ation. If more<br>er every ques | e as complete and a<br>e space is needed, a | ccurate as possibl<br>ttach a separate sl | e. If two<br>neet to t | married peop<br>his form. On t             | ple are fi<br>the top o | iling together,<br>of any addition | both are e<br>al pages, | equally resp | onsible for su                  | the category where ypplying correct enumber (if known).                              |      |
| _               | No. Go to Par                                     | t 2.<br>s the property?                     |                                           |                        |                                            |                         |                                    |                         |              |                                 |                                                                                      |      |
| 1.1             |                                                   |                                             |                                           | Wha                    | t is the prope                             | rty? Che                | ck all that apply                  |                         |              |                                 |                                                                                      |      |
| _               |                                                   | oyrne Xing<br>if available, or other desc   | ription                                   |                        | Single-family<br>Duplex or m<br>Condominiu | ulti-unit l             |                                    |                         | the amoun    | t of any secure                 | aims or exemptions. Po<br>d claims on <i>Schedule</i><br>ns <i>Secured by Propen</i> | D:   |
|                 |                                                   |                                             |                                           |                        | Manufacture                                | ed or mol               | bile home                          |                         | Current v    | alue of the                     | Current value of th                                                                  |      |
| _               | Dacula                                            | GA                                          | 30019-0000                                |                        | Land                                       |                         |                                    |                         | entire pro   |                                 | portion you own?                                                                     |      |
|                 | City                                              | State                                       | ZIP Code                                  |                        |                                            | property                |                                    |                         | \$3          | 73,000.00                       | \$186,500                                                                            | ).00 |
|                 |                                                   |                                             |                                           |                        | Other                                      |                         |                                    |                         | (such as f   | ee simple, ten                  | our ownership intere<br>ancy by the entireties                                       |      |
|                 |                                                   |                                             |                                           | Who                    |                                            |                         | e property? Che                    | eck one                 | Fee Sim      | te), if known.<br>nle           |                                                                                      |      |
|                 | Gwinnett                                          |                                             |                                           |                        |                                            | •                       |                                    |                         |              | ۲.0                             |                                                                                      | -    |
| _               | County                                            |                                             |                                           |                        | 20210. 2 0                                 | •                       | · 2 only                           |                         |              |                                 |                                                                                      |      |
|                 |                                                   |                                             |                                           |                        | 202101 1 4111                              |                         | ebtors and anot                    | her                     |              | k if this is com<br>structions) | munity property                                                                      |      |
|                 |                                                   |                                             |                                           | Othe                   | r information                              | vou wis                 | sh to add abou                     | t this item             | . such as l  | ncal ,                          |                                                                                      |      |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......=>

\$186,500.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

property identification number: Debtor's Residence

Value based on county taxes. recent sales, FMLS.

Official Form 106A/B Schedule A/B: Property page 1

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| 3. (       | Cars, vans,                         | trucks, tractors, sport utility v                                                                  | ehicles, motorcycles                                                                                                          |                                          |                                                                                   |
|------------|-------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------|
|            | □ No                                |                                                                                                    |                                                                                                                               |                                          |                                                                                   |
| ı          | Yes                                 |                                                                                                    |                                                                                                                               |                                          |                                                                                   |
| 3.         | .1 Make:                            | Jeep<br>Cherokee Limited                                                                           | Who has an interest in the property? Check one                                                                                | the amount of any secu                   | claims or exemptions. Put used claims on Schedule D:                              |
|            | Model:<br>Year:                     | 2015                                                                                               | ■ Debtor 1 only □ Debtor 2 only                                                                                               |                                          | laims Secured by Property.                                                        |
|            |                                     | mate mileage: 60,000                                                                               | ☐ Debtor 1 and Debtor 2 only                                                                                                  | Current value of the<br>entire property? | Current value of the<br>portion you own?                                          |
|            | Other inf                           | formation:                                                                                         | ☐ At least one of the debtors and another                                                                                     |                                          |                                                                                   |
| _          | Value                               | Vehicles<br>based on the Consumer<br>of the NADA Official Used<br>lide®                            | ☐ Check if this is community property (see instructions)                                                                      | \$22,201.00                              | \$22,201.00                                                                       |
| <b>■</b> [ | ■ No □ Yes                          | ollar value of the portion you o                                                                   | atercraft, fishing vessels, snowmobiles, motorcycle ac wn for all of your entries from Part 2, including any that number here | <i>y</i> entries for                     | \$22,201.00                                                                       |
|            | ,                                   |                                                                                                    |                                                                                                                               |                                          |                                                                                   |
| Pa         | rt 3: Descri                        | be Your Personal and Household                                                                     | tems                                                                                                                          |                                          |                                                                                   |
|            | Household                           | goods and furnishings Major appliances, furniture, linen                                           | nterest in any of the following items?                                                                                        |                                          | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|            | □ No                                | iviajor appliances, rumiture, linem                                                                | s, crima, kitchenware                                                                                                         |                                          |                                                                                   |
|            | Yes. De                             | scribe                                                                                             |                                                                                                                               |                                          |                                                                                   |
|            |                                     | Misc Household                                                                                     | ł Furnishings                                                                                                                 |                                          | \$3,500.00                                                                        |
|            |                                     | Televisions and radios; audio, vio including cell phones, cameras,                                 | deo, stereo, and digital equipment; computers, printers<br>media players, games                                               | s, scanners; music collec                | ctions; electronic devices                                                        |
|            |                                     | Electronics                                                                                        |                                                                                                                               |                                          | \$250.00                                                                          |
| 9.         | ■ No □ Yes. De  Equipment Examples: | Antiques and figurines; paintings other collections, memorabilia, c scribe  for sports and hobbies | , prints, or other artwork; books, pictures, or other art collectibles                                                        |                                          |                                                                                   |
|            | ☐ Yes. De                           | scribe                                                                                             |                                                                                                                               |                                          |                                                                                   |

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known) **Document** Debtor 1 Janette Eva Farr 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$1,000.00 Misc Clothing and other wearing apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$500.00 Misc Costume Jewelery, watch 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$5,250,00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash on hand \$25.00 Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... \$100.00 17.1. Checking SunTrust-Checking account

Bonds, mutual funds, or publicly traded stocks
 Examples: Bond funds, investment accounts with the stocks.

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

☐ Yes...... Institution or issuer name:

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| De  | ebtor 1           | Janette Eva Farr                                                                                                          | Doddinont                    | Case number (if known)                                                              |                                                                                   |
|-----|-------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 19. | joint v           | ublicly traded stock and interests in i<br>venture                                                                        | incorporated and uninco      | orporated businesses, including an interes                                          | st in an LLC, partnership, and                                                    |
|     | ■ No              |                                                                                                                           |                              |                                                                                     |                                                                                   |
|     | ☐ Yes.            | Give specific information about them<br>Name of entity:                                                                   |                              | % of ownership:                                                                     |                                                                                   |
| 20. | Negoti            | nment and corporate bonds and othe<br>iable instruments include personal check<br>egotiable instruments are those you car | ks, cashiers' checks, pro    | missory notes, and money orders.                                                    |                                                                                   |
|     |                   | Give specific information about them Issuer name:                                                                         |                              |                                                                                     |                                                                                   |
| 21. |                   | nent or pension accounts<br>oles: Interests in IRA, ERISA, Keogh, 40                                                      | 01(k), 403(b), thrift saving | s accounts, or other pension or profit-sharing                                      | plans                                                                             |
|     | ■ Yes.            | List each account separately.  Type of account:                                                                           | Institution r                | name:                                                                               |                                                                                   |
|     |                   | 401(k)                                                                                                                    | 401 K                        |                                                                                     | \$10,000.00                                                                       |
| 22. | Your s            | ty deposits and prepayments<br>hare of all unused deposits you have m<br>oles: Agreements with landlords, prepaid         |                              | tinue service or use from a company<br>ctric, gas, water), telecommunications compa | nies, or others                                                                   |
|     | _                 |                                                                                                                           | Institution n                | name or individual:                                                                 |                                                                                   |
| 23. | Annuit ■ No □ Yes | ies (A contract for a periodic payment o                                                                                  |                              | · life or for a number of years)                                                    |                                                                                   |
| 24. |                   | ts in an education IRA, in an account<br>C. §§ 530(b)(1), 529A(b), and 529(b)(1)                                          |                              | ogram, or under a qualified state tuition pro                                       | ogram.                                                                            |
|     | ☐ Yes             |                                                                                                                           |                              | ne records of any interests.11 U.S.C. § 521(c)                                      |                                                                                   |
| 25. | ■ No              |                                                                                                                           |                              | g listed in line 1), and rights or powers ex                                        | ercisable for your benefit                                                        |
| 20  |                   | Give specific information about them                                                                                      |                              | and manageries                                                                      |                                                                                   |
| 20. |                   | s, copyrights, trademarks, trade secroles: Internet domain names, websites,                                               |                              |                                                                                     |                                                                                   |
|     |                   | Give specific information about them                                                                                      |                              |                                                                                     |                                                                                   |
| 27. |                   | es, franchises, and other general inta<br>oles: Building permits, exclusive license                                       |                              | n holdings, liquor licenses, professional licens                                    | ses                                                                               |
|     | ☐ Yes.            | Give specific information about them                                                                                      |                              |                                                                                     |                                                                                   |
| M   | oney or           | property owed to you?                                                                                                     |                              |                                                                                     | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref ■ No      | unds owed to you                                                                                                          |                              |                                                                                     |                                                                                   |
|     | ☐ Yes.            | Give specific information about them, in                                                                                  | ncluding whether you alre    | ady filed the returns and the tax years                                             |                                                                                   |
| 29. |                   | support                                                                                                                   | outed cuppert, shild ever-   | ort maintanance diverse cottlement assess                                           | v sattlement                                                                      |
|     | ■ No              | ores. rast due of lump sum alimony, spo                                                                                   | ousai support, chiid suppo   | ort, maintenance, divorce settlement, property                                      | y settlement                                                                      |

Schedule A/B: Property

☐ Yes. Give specific information.....

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Case number (if known) Document Debtor 1 Janette Eva Farr 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No  $\hfill \square$  Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$10.125.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

Part 7:

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

Describe All Property You Own or Have an Interest in That You Did Not List Above

\$0.00

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Debtor 1 Janette Eva Farr

| Part | 8: List the Totals of Each Part of this Form                 |             |                              |              |
|------|--------------------------------------------------------------|-------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$186,500.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$22,201.00 |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$5,250.00  |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$10,125.00 |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00      |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |              |
| 61.  | Part 7: Total other property not listed, line 54             | \$0.00      |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$37,576.00 | Copy personal property total | \$37,576.00  |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$224,076.00 |

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor                      | mation to identify your | case:             |            |                |        |
|-----------------------------------------|-------------------------|-------------------|------------|----------------|--------|
| Debtor 1                                | Janette Eva Farr        |                   |            |                |        |
|                                         | First Name              | Middle Name       | Last Name  |                |        |
| Debtor 2                                |                         |                   |            |                |        |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name  |                |        |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF GEORGIA |                |        |
| Case number _                           |                         |                   |            |                |        |
| (if known)                              |                         |                   |            | ☐ Check if the |        |
|                                         |                         |                   |            | amended        | filing |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property                  | Current value of the portion you own | Amo | unt of the exemption you claim                                  | Specific laws that allow exemption |
|---------------------------------------------------------------------------------------------------------|--------------------------------------|-----|-----------------------------------------------------------------|------------------------------------|
|                                                                                                         | Copy the value from<br>Schedule A/B  |     |                                                                 |                                    |
| 3692 Treybyrne Xing Dacula, GA 30019 Gwinnett County                                                    | \$186,500.00                         | •   | \$21,500.00                                                     | O.C.G.A. § 44-13-100(a)(1)         |
| Debtor's Residence Value based on county taxes. recent sales, FMLS. Line from <i>Schedule A/B</i> : 1.1 |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc Household Furnishings Line from Schedule A/B: 6.1                                                  | \$3,500.00                           |     | \$3,500.00                                                      | O.C.G.A. § 44-13-100(a)(4)         |
| Ellie liolii Garedale 745. G. I                                                                         |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Electronics Line from Schedule A/B: 7.1                                                                 | \$250.00                             | •   | \$250.00                                                        | O.C.G.A. § 44-13-100(a)(4)         |
|                                                                                                         |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc Clothing and other wearing apparel                                                                 | \$1,000.00                           | •   | \$1,000.00                                                      | O.C.G.A. § 44-13-100(a)(4)         |
| Line from Schedule A/B: 11.1                                                                            |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc Costume Jewelery , watch                                                                           | \$500.00                             |     | \$500.00                                                        | O.C.G.A. § 44-13-100(a)(5)         |
|                                                                                                         |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

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Case number (if known)

|    | Janette Lva i an                                                                                                                                                                           |                                      |           |                                                               |                                    |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|---------------------------------------------------------------|------------------------------------|--|--|--|--|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property                                                                                                     | Current value of the portion you own | Amoun     | t of the exemption you claim                                  | Specific laws that allow exemption |  |  |  |  |
|    |                                                                                                                                                                                            | Copy the value from<br>Schedule A/B  | Check     |                                                               |                                    |  |  |  |  |
|    | Cash on hand Line from Schedule A/B: 16.1                                                                                                                                                  | \$25.00                              |           | \$25.00                                                       | O.C.G.A. § 44-13-100(a)(6)         |  |  |  |  |
|    | Ellie Holli Golleddie 702. Te. 1                                                                                                                                                           |                                      |           | 00% of fair market value, up to ny applicable statutory limit |                                    |  |  |  |  |
|    | Checking: SunTrust-Checking account Line from Schedule A/B: 17.1                                                                                                                           | \$100.00                             | •_        | \$100.00                                                      | O.C.G.A. § 44-13-100(a)(6)         |  |  |  |  |
|    |                                                                                                                                                                                            | ן                                    |           | 00% of fair market value, up to ny applicable statutory limit |                                    |  |  |  |  |
|    | 401(k): 401 K<br>Line from <i>Schedule A/B</i> : 21.1                                                                                                                                      | \$10,000.00                          |           | \$10,000.00                                                   | O.C.G.A. § 44-13-100(a)(2.1)       |  |  |  |  |
|    | Ellie Holli Golleddie 7VB. 21.1                                                                                                                                                            |                                      |           | 00% of fair market value, up to ny applicable statutory limit |                                    |  |  |  |  |
| 3. | 3. Are you claiming a homestead exemption of more than \$160,375?  (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)  No |                                      |           |                                                               |                                    |  |  |  |  |
|    | Yes. Did you acquire the property covere                                                                                                                                                   | ed by the exemption wi               | thin 1,21 | 5 days before you filed this case                             | ?                                  |  |  |  |  |
|    | □ No                                                                                                                                                                                       |                                      |           |                                                               |                                    |  |  |  |  |
|    | ☐ Yes                                                                                                                                                                                      |                                      |           |                                                               |                                    |  |  |  |  |

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|                                             |                        | Document Page 2                                                                             | 3 of 56                                   |                          |                     |
|---------------------------------------------|------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|---------------------|
| Fill in this informat                       | tion to identify you   | ır case:                                                                                    |                                           |                          |                     |
| Debtor 1                                    | Janette Eva Farr       |                                                                                             |                                           |                          |                     |
| Deptor 1                                    | First Name             | Middle Name Last Name                                                                       |                                           |                          |                     |
| Debtor 2                                    |                        |                                                                                             |                                           |                          |                     |
| (Spouse if, filing)                         | First Name             | Middle Name Last Name                                                                       |                                           |                          |                     |
| United States Bankr                         | ruptcy Court for the:  | NORTHERN DISTRICT OF GEORGIA                                                                |                                           |                          |                     |
|                                             | ap 10, 00 a. 1 a. 1    |                                                                                             |                                           |                          |                     |
| Case number                                 |                        |                                                                                             |                                           |                          |                     |
| (if known)                                  |                        |                                                                                             |                                           |                          | if this is an       |
|                                             |                        |                                                                                             |                                           | ameno                    | led filing          |
| Official Form                               | 106D                   |                                                                                             |                                           |                          |                     |
|                                             |                        |                                                                                             |                                           |                          |                     |
| Schedule D                                  | : Creditors            | Who Have Claims Secure                                                                      | ed by Propert                             | у                        | 12/15               |
| Be as complete and a                        | ccurate as possible.   | If two married people are filing together, both are                                         | equally responsible for su                | upplying correct informa | tion. If more space |
| is needed, copy the A                       |                        | out, number the entries, and attach it to this form.                                        |                                           |                          |                     |
| number (if known).                          |                        |                                                                                             |                                           |                          |                     |
| 1. Do any creditors ha                      | •                      | ,, , ,                                                                                      |                                           |                          |                     |
|                                             | is box and submit t    | his form to the court with your other schedules.                                            | You have nothing else t                   | o report on this form.   |                     |
| Yes. Fill in al                             | I of the information   | below.                                                                                      |                                           |                          |                     |
| Part 1: List All S                          | Secured Claims         |                                                                                             |                                           |                          |                     |
|                                             |                        | more than one secured claim, list the creditor separate                                     | Column A                                  | Column B                 | Column C            |
| for each claim. If more                     | than one creditor has  | s a particular claim, list the other creditors in Part 2. As                                |                                           | Value of collateral      | Unsecured           |
| much as possible, list t                    | he claims in alphabeti | cal order according to the creditor's name.                                                 | Do not deduct the<br>value of collateral. | that supports this claim | portion<br>If any   |
| 2.1 Mr. Cooper                              |                        | Describe the property that secures the claim:                                               | \$313,335.00                              | \$373,000.00             | \$0.00              |
| Creditor's Name                             |                        | 3692 Treybyrne Xing Dacula, GA                                                              | +,                                        | + ,                      |                     |
|                                             |                        | 30019 Gwinnett County                                                                       |                                           |                          |                     |
|                                             |                        | Debtor's Residence                                                                          |                                           |                          |                     |
|                                             |                        | Value based on county taxes. recent                                                         |                                           |                          |                     |
| Attn: Bankru                                |                        | sales, FMLS.  As of the date you file, the claim is: Check all that                         |                                           |                          |                     |
| • • •                                       | s Waters Blvd          | apply.                                                                                      |                                           |                          |                     |
| Coppell, TX                                 | 75019                  | ☐ Contingent                                                                                |                                           |                          |                     |
| Number, Street, Cit                         | ty, State & Zip Code   | Unliquidated                                                                                |                                           |                          |                     |
| Miles sures the delete                      | 2 01 1                 | Disputed                                                                                    |                                           |                          |                     |
| Who owes the debt                           | Check one.             | Nature of lien. Check all that apply.                                                       |                                           |                          |                     |
| Debtor 1 only                               |                        | ☐ An agreement you made (such as mortgage or s car loan)                                    | ecured                                    |                          |                     |
| Debtor 2 only                               |                        | ,                                                                                           |                                           |                          |                     |
| Debtor 1 and Debto                          |                        | Statutory lien (such as tax lien, mechanic's lien)                                          |                                           |                          |                     |
| ☐ At least one of the ☐ Check if this claim |                        | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset)                         |                                           |                          |                     |
| community debt                              | i relates to a         | Other (including a right to onset)                                                          |                                           |                          | _                   |
| •                                           |                        |                                                                                             |                                           |                          |                     |
|                                             | Opened                 |                                                                                             |                                           |                          |                     |
|                                             | 06/05 Last<br>Active   |                                                                                             |                                           |                          |                     |
| Date debt was incurre                       |                        | Last 4 digits of account number 6148                                                        | }                                         |                          |                     |
|                                             | 10,20,10               |                                                                                             |                                           |                          |                     |
| 2.2 Santander C                             | onsumer USA            | Describe the property that secures the claim:                                               | \$22,201.00                               | \$22,201.00              | \$0.00              |
| Creditor's Name                             |                        | 2015 Jeep Cherokee Limited 60,000                                                           |                                           | <u> </u>                 | Ψσ.σσ               |
|                                             |                        | miles                                                                                       |                                           |                          |                     |
|                                             |                        | Motor Vehicles                                                                              |                                           |                          |                     |
|                                             |                        | Value based on the Consumer Edition                                                         |                                           |                          |                     |
| Attn: Bankru                                |                        | of the NADA Official Used Car Guide®  As of the date you file, the claim is: Check all that |                                           |                          |                     |
| Po Box 9612                                 |                        | apply.                                                                                      |                                           |                          |                     |
| Fort Worth, 1                               | X 76161                | Contingent                                                                                  |                                           |                          |                     |
| Number, Street, Cit                         | ty, State & Zip Code   | Unliquidated                                                                                |                                           |                          |                     |
| Who owen the debut                          | Charles                | Disputed                                                                                    |                                           |                          |                     |
| Who owes the debt                           | r Uneck one.           | Nature of lien. Check all that apply.                                                       |                                           |                          |                     |
| Debtor 1 only                               |                        | ☐ An agreement you made (such as mortgage or s car loan)                                    | ecured                                    |                          |                     |
| Debtor 2 only car loan)                     |                        |                                                                                             |                                           |                          |                     |

Official Form 106D

### 

| Debtor 1 Janette Eva Farr |                                                                                                                                                                                                    | a Farr                                     |                                                                                                                 | Case number (if known)                                                                                                                                                                                                                  |  |  |  |  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                           | First Name                                                                                                                                                                                         | Middle Na                                  | me Last Name                                                                                                    |                                                                                                                                                                                                                                         |  |  |  |  |
| ☐ At le                   | tor 1 and Debtor 2<br>east one of the deb<br>ck if this claim re<br>nmunity debt                                                                                                                   | otors and another                          | ☐ Statutory lien (such as tax lien, mechanic☐ Judgment lien from a lawsuit☐ Other (including a right to offset) | c's lien)                                                                                                                                                                                                                               |  |  |  |  |
| Date de                   | ebt was incurred                                                                                                                                                                                   | Opened<br>11/15 Last<br>Active<br>11/03/18 | Last 4 digits of account number                                                                                 | 1000                                                                                                                                                                                                                                    |  |  |  |  |
| If this                   | Add the dollar value of your entries in Column A on this page. Write that number here:  ### \$335,536.00  ### \$335,536.00  ### \$335,536.00  ### \$335,536.00  ### \$335,536.00  ### \$235,536.00 |                                            |                                                                                                                 |                                                                                                                                                                                                                                         |  |  |  |  |
| trying t                  | o collect from you<br>ne creditor for any                                                                                                                                                          | u for a debt you ov                        | ve to someone else, list the creditor in Par<br>you listed in Part 1, list the additional cred                  | t that you already listed in Part 1. For example, if a collection agency is<br>rt 1, and then list the collection agency here. Similarly, if you have more<br>ditors here. If you do not have additional persons to be notified for any |  |  |  |  |
|                           | Name, Number, St<br>Mr. Cooper<br>8950 Cypress<br>Coppell, TX 75                                                                                                                                   |                                            | ip Code                                                                                                         | On which line in Part 1 did you enter the creditor?  Last 4 digits of account number                                                                                                                                                    |  |  |  |  |
| :                         | Name, Number, St<br>Santander Cor<br>Po Box 961275<br>Fort Worth, TX                                                                                                                               | 5                                          | ip Code                                                                                                         | On which line in Part 1 did you enter the creditor?  Last 4 digits of account number                                                                                                                                                    |  |  |  |  |

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|                                      | Case                                                                       | T9-22T00-MIII                                                                                                              | DUC I                                                            | Docume                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 02/20/19 10.2<br>56                                                          | .1.02                                      | Desc                                  | Mairi                                                |
|--------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|------------------------------------------------------|
| Fill                                 | in this informa                                                            | ation to identify your                                                                                                     | case:                                                            |                                                                            | :m Paye 23 UL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 00                                                                           |                                            |                                       |                                                      |
|                                      |                                                                            | · · · · · · · · · · · · · · · · · · ·                                                                                      |                                                                  |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                            |                                       |                                                      |
| Dec                                  | otor 1                                                                     | Janette Eva Farr                                                                                                           | Middle                                                           | Name                                                                       | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                            |                                       |                                                      |
| Deb                                  | otor 2                                                                     | · iiot · taiiio                                                                                                            | imaaio                                                           | T tall 10                                                                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                            |                                       |                                                      |
|                                      | use if, filing)                                                            | First Name                                                                                                                 | Middle                                                           | Name                                                                       | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                            |                                       |                                                      |
| Uni                                  | ted States Banl                                                            | kruptcy Court for the:                                                                                                     | NORTHE                                                           | RN DISTRICT                                                                | OF GEORGIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                            |                                       |                                                      |
| Cas<br>(if kn                        | se number                                                                  |                                                                                                                            |                                                                  |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                            |                                       | if this is an<br>ed filing                           |
| Sc<br>Be as<br>any e<br>Sche<br>Sche | s complete and executory contra<br>edule G: Executory<br>edule D: Creditor | F: Creditors W<br>accurate as possible. Us<br>acts or unexpired leases<br>ory Contracts and Unexp<br>s Who Have Claims Sec | e Part 1 for c<br>that could re<br>ired Leases (<br>ured by Prop | reditors with P<br>sult in a claim.<br>Official Form 1<br>erty. If more sp | Ired Claims  RIORITY claims and Part 2 for Also list executory contract of O6G). Do not include any creace is needed, copy the Part of the report in a Part, do not for the part of the Part, do not for the Part Part, do not for the Part Part Part Part Part Part Part Part | ts on Schedule A/B: P<br>ditors with partially s<br>you need, fill it out, r | roperty (Off<br>ecured clain<br>number the | icial Fori<br>ns that a<br>entries ir | m 106A/B) and on<br>re listed in<br>the boxes on the |
| name                                 | e and case numl                                                            |                                                                                                                            |                                                                  |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | op or any ac                               | ianionai <sub> </sub>                 | pagee, mile year                                     |
| 1.                                   | Do any creditor                                                            | s have priority unsecure                                                                                                   | d claims agai                                                    | inst you?                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                            |                                       |                                                      |
|                                      | ☐ No. Go to Pa                                                             | rt 2.                                                                                                                      | _                                                                | -                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                            |                                       |                                                      |
|                                      | Yes.                                                                       |                                                                                                                            |                                                                  |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                            |                                       |                                                      |
|                                      | List all of your pidentify what type possible, list the                    | e of claim it is. If a claim ha                                                                                            | s both priority<br>er according to                               | and nonpriority<br>the creditor's n                                        | one priority unsecured claim, lis<br>amounts, list that claim here a<br>ame. If you have more than twe<br>ditors in Part 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nd show both priority a                                                      | nd nonpriori                               | y amount                              | s. As much as                                        |
|                                      | (For an explanati                                                          | ion of each type of claim, s                                                                                               | see the instruc                                                  | tions for this for                                                         | m in the instruction booklet.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Total claim                                                                  | Priority                                   |                                       | Nonpriority                                          |
| 2.1                                  | Georgia I                                                                  | Deparment of Reven                                                                                                         | IIA                                                              | I ast 4 digits of                                                          | account number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$0.00                                                                       | amount                                     | \$0.00                                | amount \$0.00                                        |
|                                      | Priority Cred                                                              | •                                                                                                                          | <u>ue</u>                                                        | Last + digits of                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Ψ0.00                                                                        |                                            | ψ0.00                                 | Ψ0.00                                                |
|                                      | •                                                                          | ice Divsion<br>htury Blvd NE Ste 91                                                                                        |                                                                  | When was the                                                               | debt incurred?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                            |                                       |                                                      |
|                                      |                                                                            | GA 30345-3202                                                                                                              |                                                                  | A                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Had a const                                                                  |                                            |                                       |                                                      |
|                                      |                                                                            | eet City State Zlp Code the debt? Check one.                                                                               |                                                                  | _                                                                          | you file, the claim is: Check a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | all that apply                                                               |                                            |                                       |                                                      |
|                                      | ■ Debtor 1 on                                                              |                                                                                                                            |                                                                  | ☐ Contingent                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                            |                                       |                                                      |
|                                      | _                                                                          | ,                                                                                                                          |                                                                  | ☐ Unliquidated                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                            |                                       |                                                      |
|                                      | ☐ Debtor 2 on                                                              | •                                                                                                                          |                                                                  | ☐ Disputed                                                                 | ITV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                            |                                       |                                                      |
|                                      | _                                                                          | d Debtor 2 only                                                                                                            |                                                                  |                                                                            | ITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                            |                                       |                                                      |
|                                      | _                                                                          | of the debtors and another                                                                                                 | ,,                                                               | _                                                                          | pport obligations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                            |                                       |                                                      |
|                                      |                                                                            | is claim is for a commur                                                                                                   | •                                                                | _                                                                          | ertain other debts you owe the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                            |                                            |                                       |                                                      |
|                                      |                                                                            | bject to offset?                                                                                                           |                                                                  | _                                                                          | eath or personal injury while yo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ou were intoxicated                                                          |                                            |                                       |                                                      |
|                                      | No                                                                         |                                                                                                                            |                                                                  | Other Speci                                                                | fv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                            |                                       |                                                      |

State income taxes

☐ Yes

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| Debto              | or 1 Janette Eva Farr                                                                                                                                                                                                                                                                     | ———————                                                                                                                               | Case number (if known)                                                                 |                     |                       |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------|-----------------------|
| 2.2                | Internal Revenue Service                                                                                                                                                                                                                                                                  | Last 4 digits of account number                                                                                                       | \$0.00                                                                                 | \$0.00              | \$0.00                |
|                    | Priority Creditor's Name<br>POB 7346<br>Philadelphia, PA 19101-7346                                                                                                                                                                                                                       | When was the debt incurred?                                                                                                           |                                                                                        |                     |                       |
|                    | Number Street City State Zlp Code                                                                                                                                                                                                                                                         | As of the date you file, the claim is:                                                                                                | Check all that apply                                                                   |                     |                       |
| ١                  | Who incurred the debt? Check one.                                                                                                                                                                                                                                                         | ☐ Contingent                                                                                                                          |                                                                                        |                     |                       |
| I                  | Debtor 1 only                                                                                                                                                                                                                                                                             | ☐ Unliquidated                                                                                                                        |                                                                                        |                     |                       |
| I                  | Debtor 2 only                                                                                                                                                                                                                                                                             | ☐ Disputed                                                                                                                            |                                                                                        |                     |                       |
| [                  | Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                | Type of PRIORITY unsecured claim:                                                                                                     |                                                                                        |                     |                       |
| I                  | ☐ At least one of the debtors and another                                                                                                                                                                                                                                                 | ☐ Domestic support obligations                                                                                                        |                                                                                        |                     |                       |
| [                  | ☐ Check if this claim is for a community debt                                                                                                                                                                                                                                             | Taxes and certain other debts you                                                                                                     | owe the government                                                                     |                     |                       |
| ı                  | s the claim subject to offset?                                                                                                                                                                                                                                                            | ☐ Claims for death or personal injury                                                                                                 | <del>-</del>                                                                           |                     |                       |
| I                  | No                                                                                                                                                                                                                                                                                        | ☐ Other. Specify                                                                                                                      |                                                                                        |                     |                       |
| I                  | ☐ Yes                                                                                                                                                                                                                                                                                     |                                                                                                                                       |                                                                                        |                     |                       |
| Part 2             | List All of Your NONPRIORITY Unsecu                                                                                                                                                                                                                                                       | red Claims                                                                                                                            |                                                                                        |                     |                       |
| 4. Li<br>ur<br>th: | o any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  st all of your nonpriority unsecured claims in the assecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2. | this form to the court with your other sche<br>alphabetical order of the creditor who<br>laim. For each claim listed, identify what t | holds each claim. If a creditor has more ype of claim it is. Do not list claims alread | ly included in Part | 1. If more<br>Page of |
| 4.1                | AmeriCredit/GM Financial                                                                                                                                                                                                                                                                  | Last 4 digits of account number                                                                                                       | 6112                                                                                   |                     | \$5,512.00            |
|                    | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 183853 Arlington, TX 76096                                                                                                                                                                                                            | When was the debt incurred?                                                                                                           | Opened 4/30/10 Last Active 5/05/15                                                     |                     | ψ0,012.00             |
|                    | Number Street City State Zlp Code                                                                                                                                                                                                                                                         | As of the date you file, the claim i                                                                                                  | s: Check all that apply                                                                |                     |                       |
|                    | Who incurred the debt? Check one.                                                                                                                                                                                                                                                         |                                                                                                                                       |                                                                                        |                     |                       |
|                    | Debtor 1 only                                                                                                                                                                                                                                                                             | ☐ Contingent                                                                                                                          |                                                                                        |                     |                       |
|                    | Debtor 2 only                                                                                                                                                                                                                                                                             | ☐ Unliquidated                                                                                                                        |                                                                                        |                     |                       |
|                    | ☐ Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                              | ☐ Disputed                                                                                                                            |                                                                                        |                     |                       |
|                    | ☐ At least one of the debtors and another                                                                                                                                                                                                                                                 | Type of NONPRIORITY unsecured                                                                                                         | d claim:                                                                               |                     |                       |
|                    | ☐ Check if this claim is for a community                                                                                                                                                                                                                                                  | ☐ Student loans                                                                                                                       |                                                                                        |                     |                       |
|                    | debt Is the claim subject to offset?                                                                                                                                                                                                                                                      | Obligations arising out of a sepa report as priority claims                                                                           | ration agreement or divorce that you did i                                             | not                 |                       |
|                    | No                                                                                                                                                                                                                                                                                        | Debts to pension or profit-sharin                                                                                                     | g plans, and other similar debts                                                       |                     |                       |
|                    | Yes                                                                                                                                                                                                                                                                                       | ■ Other Specify Automobile                                                                                                            |                                                                                        |                     |                       |

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Debtor 1 Janette Eva Farr

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| 4.2 | Amex                                      | Last 4 digits of account number                            | 7813                                         | \$9,997.00 |
|-----|-------------------------------------------|------------------------------------------------------------|----------------------------------------------|------------|
|     | Nonpriority Creditor's Name               |                                                            | Opened 10/90 Leat Active                     |            |
|     | Correspondence/Bankruptcy Po Box 981540   | When was the debt incurred?                                | Opened 10/89 Last Active 11/26/18            |            |
|     | El Paso, TX 79998                         |                                                            | 11/20/10                                     |            |
|     | Number Street City State Zlp Code         | As of the date you file, the claim                         | s: Check all that apply                      |            |
|     | Who incurred the debt? Check one.         |                                                            |                                              |            |
|     | Debtor 1 only                             | ☐ Contingent                                               |                                              |            |
|     | ☐ Debtor 2 only                           | ☐ Unliquidated                                             |                                              |            |
|     | ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed                                                 |                                              |            |
|     | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
|     | ☐ Check if this claim is for a community  | ☐ Student loans                                            |                                              |            |
|     | debt Is the claim subject to offset?      | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|     | ■ No                                      | Debts to pension or profit-sharin                          | g plans, and other similar debts             |            |
|     | ☐ Yes                                     | ■ Other. Specify Credit Card                               | g p,                                         |            |
|     | Li res                                    | Other. Specify Oredit Oard                                 |                                              |            |
| 4.3 | Chase Card Services                       | Last 4 digits of account number                            | 2812                                         | \$4,808.00 |
|     | Nonpriority Creditor's Name               |                                                            | On an ad 00/44 L and Antina                  |            |
|     | Correspondence Dept<br>Po Box 15298       | When was the debt incurred?                                | Opened 08/14 Last Active 10/11/18            |            |
|     | Wilmington, DE 19850                      | when was the debt incurred?                                | 10/11/16                                     |            |
|     | Number Street City State Zlp Code         | As of the date you file, the claim                         | s: Check all that apply                      |            |
|     | Who incurred the debt? Check one.         | •                                                          | ,                                            |            |
|     | Debtor 1 only                             | ☐ Contingent                                               |                                              |            |
|     | Debtor 2 only                             | ☐ Unliquidated                                             |                                              |            |
|     | Debtor 1 and Debtor 2 only                | □ Disputed                                                 |                                              |            |
|     | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
|     | ☐ Check if this claim is for a community  | ☐ Student loans                                            |                                              |            |
|     | debt                                      | Obligations arising out of a sepa                          | ration agreement or divorce that you did not |            |
|     | Is the claim subject to offset?           | report as priority claims                                  |                                              |            |
|     | ■ No                                      | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |
|     | Yes                                       | Other. Specify Credit Card                                 |                                              |            |
|     |                                           |                                                            |                                              |            |
| 4.4 | Citicards Nonpriority Creditor's Name     | Last 4 digits of account number                            | 3845                                         | \$2,756.00 |
|     | Citicorp Credit Services/Attn: Centraliz  |                                                            | Opened 06/15 Last Active                     |            |
|     | Po Box 790040                             | When was the debt incurred?                                | 10/08/18                                     |            |
|     | Saint Louis, MO 63179                     |                                                            |                                              |            |
|     | Number Street City State ZIp Code         | As of the date you file, the claim                         | s: Check all that apply                      |            |
|     | Who incurred the debt? Check one.         |                                                            |                                              |            |
|     | ■ Debtor 1 only                           | ☐ Contingent                                               |                                              |            |
|     | Debtor 2 only                             | ☐ Unliquidated                                             |                                              |            |
|     | ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed                                                 |                                              |            |
|     | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
|     | ☐ Check if this claim is for a community  | ☐ Student loans                                            |                                              |            |
|     | debt Is the claim subject to offset?      | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|     | ■ No                                      | Debts to pension or profit-sharin                          | g plans, and other similar debts             |            |
|     | ☐ Yes                                     | ■ Other. Specify Credit Card                               |                                              |            |
|     | - <del>-</del>                            | — Other. Specify                                           |                                              |            |

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| 4.5 | Comenity Bank/Pier 1                                      | Last 4 digits of account number                            | 3043                                          | \$3,516.00 |
|-----|-----------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|------------|
|     | Nonpriority Creditor's Name                               |                                                            | One and 42/40 Least Active                    |            |
|     | Attn: Bankruptcy Dept Po Box 182125                       | When was the debt incurred?                                | Opened 12/16 Last Active 11/01/18             |            |
|     | Columbus, OH 43218                                        | When was the dept incurred:                                | 11/01/10                                      |            |
|     | Number Street City State Zlp Code                         | As of the date you file, the claim                         | is: Check all that apply                      |            |
|     | Who incurred the debt? Check one.                         |                                                            |                                               |            |
|     | Debtor 1 only                                             | ☐ Contingent                                               |                                               |            |
|     | Debtor 2 only                                             | ☐ Unliquidated                                             |                                               |            |
|     | ☐ Debtor 1 and Debtor 2 only                              | Disputed                                                   |                                               |            |
|     | ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured                              | d claim:                                      |            |
|     | ☐ Check if this claim is for a community                  | ☐ Student loans                                            |                                               |            |
|     | debt                                                      |                                                            | ration agreement or divorce that you did not  |            |
|     | Is the claim subject to offset?                           | report as priority claims                                  | nation agreement of arrefue that you are not  |            |
|     | No                                                        | Debts to pension or profit-sharing                         | g plans, and other similar debts              |            |
|     | Yes                                                       | Other. Specify Charge Acc                                  | ount                                          |            |
| 4.6 | Comparity Constal Danie/LICAL                             |                                                            | 2040                                          | £400.00    |
| 4.6 | Comenity Capital Bank/HSN  Nonpriority Creditor's Name    | Last 4 digits of account number                            |                                               | \$190.00   |
|     | Attn: Bankruptcy Dept                                     |                                                            | Opened 01/15 Last Active                      |            |
|     | Po Box 18215                                              | When was the debt incurred?                                | 12/26/16                                      |            |
|     | Columbus, OH 43218                                        |                                                            |                                               |            |
|     | Number Street City State ZIp Code                         | As of the date you file, the claim                         | is: Check all that apply                      |            |
|     | Who incurred the debt? Check one.                         |                                                            |                                               |            |
|     | Debtor 1 only                                             | Contingent                                                 |                                               |            |
|     | Debtor 2 only                                             | Unliquidated                                               |                                               |            |
|     | ☐ Debtor 1 and Debtor 2 only                              | Disputed                                                   |                                               |            |
|     | At least one of the debtors and another                   | Type of NONPRIORITY unsecured                              | d claim:                                      |            |
|     | ☐ Check if this claim is for a community                  | Student loans                                              |                                               |            |
|     | debt Is the claim subject to offset?                      | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|     | ■ No                                                      | Debts to pension or profit-sharin                          | on plans, and other similar debts             |            |
|     |                                                           |                                                            |                                               |            |
|     | Yes                                                       | ■ Other. Specify Charge Acc                                | ount                                          |            |
| 4.7 | Navient                                                   | Last 4 digits of account number                            | 0455                                          | \$2,418.00 |
|     | Nonpriority Creditor's Name                               |                                                            | Opened 11/11 Last Active                      |            |
|     | Po Box 9655                                               | When was the debt incurred?                                | 11/06/18                                      |            |
|     | Wilkes Barre, PA 18773  Number Street City State Zlp Code | As of the data you file the claim                          | in Charle all that apply                      |            |
|     | Who incurred the debt? Check one.                         | As of the date you file, the claim                         | в: Спеск ан тпат аррну                        |            |
|     | Debtor 1 only                                             | ☐ Contingent                                               |                                               |            |
|     | Debtor 2 only                                             | ☐ Unliquidated                                             |                                               |            |
|     | ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed                                                 |                                               |            |
|     | ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured                              | d claim:                                      |            |
|     | ☐ Check if this claim is for a community                  | Student loans                                              |                                               |            |
|     | debt                                                      | Obligations arising out of a sepa                          | ration agreement or divorce that you did not  |            |
|     | Is the claim subject to offset?                           | report as priority claims                                  | ,                                             |            |
|     | No                                                        | Debts to pension or profit-sharing                         | g plans, and other similar debts              |            |
|     | ☐ Yes                                                     | Other. Specify                                             |                                               |            |
|     |                                                           | Educational                                                |                                               |            |
|     |                                                           |                                                            |                                               |            |

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| Debto    | or 1 Janette Eva Farr                                                                      |                                                               | Case number (if kno      | wn)                      |            |
|----------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------|--------------------------|------------|
| 4.8      | Synchrony Bank                                                                             | Last 4 digits of account number                               | 6330                     |                          | \$7,178.00 |
|          | Nonpriority Creditor's Name<br>Attn: Bankruptcy Dept<br>Po Box 965060<br>Orlando, FL 32896 | When was the debt incurred?                                   | Opened 12/05<br>10/05/18 | Last Active              |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                       | As of the date you file, the claim                            | is: Check all that appl  | у                        |            |
|          | ■ Debtor 1 only                                                                            | ☐ Contingent                                                  |                          |                          |            |
|          | Debtor 2 only                                                                              | ☐ Unliquidated                                                |                          |                          |            |
|          | ☐ Debtor 1 and Debtor 2 only                                                               | ☐ Disputed                                                    |                          |                          |            |
|          | $\square$ At least one of the debtors and another                                          | Type of NONPRIORITY unsecure                                  | d claim:                 |                          |            |
|          | $\square$ Check if this claim is for a community                                           | ☐ Student loans                                               |                          |                          |            |
|          | debt<br>Is the claim subject to offset?                                                    | ☐ Obligations arising out of a separeport as priority claims  | aration agreement or c   | livorce that you did not |            |
|          | ■ No                                                                                       | Debts to pension or profit-sharing                            | ng plans, and other sin  | nilar debts              |            |
|          | Yes                                                                                        | ■ Other. Specify Charge Acc                                   | count                    |                          |            |
| 4.9      | Synchrony Bank/Lowes Nonpriority Creditor's Name                                           | Last 4 digits of account number                               | 5416                     | _                        | \$8,431.00 |
|          | Attn: Bankruptcy Dept<br>Po Box 965060                                                     | When was the debt incurred?                                   | Opened 06/03<br>10/03/18 | Last Active              |            |
|          | Orlando, FL 32896  Number Street City State Zlp Code                                       | As of the date you file, the claim                            | is: Check all that appl  | V                        |            |
|          | Who incurred the debt? Check one.                                                          | ,                                                             | ,                        | ,                        |            |
|          | Debtor 1 only                                                                              | ☐ Contingent                                                  |                          |                          |            |
|          | ☐ Debtor 2 only                                                                            | ☐ Unliquidated                                                |                          |                          |            |
|          | ☐ Debtor 1 and Debtor 2 only                                                               | ☐ Disputed                                                    |                          |                          |            |
|          | $\square$ At least one of the debtors and another                                          | Type of NONPRIORITY unsecure                                  | d claim:                 |                          |            |
|          | $\square$ Check if this claim is for a community                                           | Student loans                                                 |                          |                          |            |
|          | debt Is the claim subject to offset?                                                       | Obligations arising out of a separe report as priority claims | aration agreement or o   | livorce that you did not |            |
|          | No                                                                                         | Debts to pension or profit-sharir                             | ng plans, and other sin  | nilar debts              |            |
|          | ☐ Yes                                                                                      | ■ Other. Specify Charge Acc                                   | •                        | a. gozie                 |            |
|          |                                                                                            |                                                               |                          |                          |            |
| 4.1<br>0 | Wells Fargo Bank Nonpriority Creditor's Name                                               | Last 4 digits of account number                               | 4440                     |                          | \$2,680.00 |
|          | Attn: Bankruptcy Dept<br>Po Box 6429<br>Greenville, SC 29606                               | When was the debt incurred?                                   | Opened 01/17<br>10/09/18 | Last Active              |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                        | As of the date you file, the claim                            | is: Check all that appl  | у                        |            |
|          | Debtor 1 only                                                                              | ☐ Contingent                                                  |                          |                          |            |
|          | ☐ Debtor 2 only                                                                            | ☐ Unliquidated                                                |                          |                          |            |
|          | ☐ Debtor 1 and Debtor 2 only                                                               | ☐ Disputed                                                    |                          |                          |            |
|          | $\square$ At least one of the debtors and another                                          | Type of NONPRIORITY unsecure                                  | d claim:                 |                          |            |
|          | ☐ Check if this claim is for a community                                                   | Student loans                                                 |                          |                          |            |
|          | debt Is the claim subject to offset?                                                       | Obligations arising out of a separe report as priority claims | aration agreement or o   | livorce that you did not |            |
|          | ■ No                                                                                       | Debts to pension or profit-sharir                             | ng plans, and other sin  | nilar debts              |            |
|          | Yes                                                                                        | ■ Other Specify Credit Card                                   |                          |                          |            |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| On which entry in Part 1 or Part 2 of Line 4.1 of (Check one):  Last 4 digits of account number                       | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| On which entry in Part 1 or Part 2 of Line 4.2 of ( <i>Check one</i> ):  Last 4 digits of account number              | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
| On which entry in Part 1 or Part 2 of Line $\frac{4.3}{4.3}$ of (Check one):                                          | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                        |
| On which entry in Part 1 or Part 2 of Line 4.4 of ( <i>Check one</i> ):  Last 4 digits of account number              | iid you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
| On which entry in Part 1 or Part 2 of Line $\underline{4.5}$ of ( <i>Check one</i> ):                                 | iid you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
| On which entry in Part 1 or Part 2 or Line $\underline{4.6}$ of ( <i>Check one</i> ): Last 4 digits of account number | lid you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
| On which entry in Part 1 or Part 2 of Line 2.2 of (Check one):  Last 4 digits of account number                       | iid you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
| On which entry in Part 1 or Part 2 of Line $\underline{4.8}$ of ( <i>Check one</i> ):                                 | lid you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
| On which entry in Part 1 or Part 2 of Line $\underline{4.9}$ of ( <i>Check one</i> ):                                 | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                        |
| On which entry in Part 1 or Part 2 or Line $\underline{4.10}$ of ( <i>Check one</i> ):                                | lid you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
|                                                                                                                       | Line 4.1 of (Check one):  Last 4 digits of account number  On which entry in Part 1 or Part 2 of Line 4.2 of (Check one):  Last 4 digits of account number  On which entry in Part 1 or Part 2 of Line 4.3 of (Check one):  Last 4 digits of account number  On which entry in Part 1 or Part 2 of Line 4.4 of (Check one):  Last 4 digits of account number  On which entry in Part 1 or Part 2 of Line 4.5 of (Check one):  Last 4 digits of account number  On which entry in Part 1 or Part 2 of Line 4.6 of (Check one):  Last 4 digits of account number  On which entry in Part 1 or Part 2 of Line 2.2 of (Check one):  Last 4 digits of account number  On which entry in Part 1 or Part 2 of Line 4.8 of (Check one):  Last 4 digits of account number  On which entry in Part 1 or Part 2 of Line 4.8 of (Check one):  Last 4 digits of account number  On which entry in Part 1 or Part 2 of Line 4.9 of (Check one):  Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.2 of (Check one): |

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |                                                                |     | Total Claim |
|--------------|-----|----------------------------------------------------------------|-----|-------------|
|              | 6a. | Domestic support obligations                                   | 6a. | \$<br>0.00  |
| Total claims |     |                                                                |     |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government           | 6b. | \$<br>0.00  |
|              | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$          |

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Debtor 1 Janette Eva Farr

|                      | 6d.               | Other. Add all other priority unsecured claims. Write that amount here.                                                                                                                                                                              | 6d.               | \$             | 0.00                      |
|----------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|---------------------------|
|                      | 6e.               | Total Priority. Add lines 6a through 6d.                                                                                                                                                                                                             | 6e.               | \$             | 0.00                      |
| Total                | 6f.               | Student loans                                                                                                                                                                                                                                        | 6f.               | Tota           | 2,418.00                  |
| claims<br>rom Part 2 | 6g.<br>6h.<br>6i. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. Write that amount here. | 6g.<br>6h.<br>6i. | \$<br>\$<br>\$ | 0.00<br>0.00<br>45,068.00 |
|                      | 6j.               | Total Nonpriority. Add lines 6f through 6i.                                                                                                                                                                                                          | 6j.               | \$             | 47,486.00                 |

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| Fill in this infor     | mation to identify your  | case:             |            |                                      |
|------------------------|--------------------------|-------------------|------------|--------------------------------------|
| Debtor 1               | Janette Eva Farr         |                   |            |                                      |
|                        | First Name               | Middle Name       | Last Name  |                                      |
| Debtor 2               |                          |                   |            |                                      |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name  |                                      |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA |                                      |
| Case number (if known) |                          |                   |            | ☐ Check if this is an amended filing |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit | h whom you have the cer, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|---------------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 |           |             |                                                         |                   |                                         |
|     | Name      |             |                                                         |                   | _                                       |
|     | Number    | Street      |                                                         |                   |                                         |
|     | City      |             | State                                                   | ZIP Code          |                                         |
| 2.2 |           |             |                                                         |                   | _                                       |
|     | Name      |             |                                                         |                   |                                         |
|     | Number    | Street      |                                                         |                   | _                                       |
|     | City      |             | State                                                   | ZIP Code          |                                         |
| 2.3 |           |             |                                                         |                   |                                         |
|     | Name      |             |                                                         |                   |                                         |
|     | Number    | Street      |                                                         |                   |                                         |
|     | City      |             | State                                                   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |             |                                                         |                   |                                         |
|     | Name      |             |                                                         |                   | _                                       |
|     | Number    | Street      |                                                         |                   | _                                       |
|     | City      |             | State                                                   | ZIP Code          | <del>_</del>                            |
| 2.5 | · ·       |             |                                                         |                   |                                         |
|     | Name      |             |                                                         |                   | _                                       |
|     | Number    | Street      |                                                         |                   | _                                       |
|     | City      |             | State                                                   | ZIP Code          | <del>_</del>                            |
|     | Jity      |             | Olalo                                                   | 211 0000          |                                         |

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|                |                                                                                          | Docume                                               | ent Page 33 o         | <u>t 56                                    </u> |                                                                                                      |
|----------------|------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Fill in thi    | s information to identify your                                                           | case:                                                |                       |                                                 |                                                                                                      |
| Debtor 1       | Janette Eva Farr                                                                         |                                                      |                       |                                                 |                                                                                                      |
| Debitor 1      | First Name                                                                               | Middle Name                                          | Last Name             |                                                 |                                                                                                      |
| Debtor 2       |                                                                                          |                                                      |                       |                                                 |                                                                                                      |
| (Spouse if, fi | lling) First Name                                                                        | Middle Name                                          | Last Name             |                                                 |                                                                                                      |
| United St      | ates Bankruptcy Court for the:                                                           | NORTHERN DISTRICT                                    | OF GEORGIA            |                                                 |                                                                                                      |
|                |                                                                                          |                                                      |                       |                                                 |                                                                                                      |
| Case nun       | nber                                                                                     |                                                      |                       |                                                 | <b>–</b> 0. 1.7.1                                                                                    |
| (if known)     |                                                                                          |                                                      |                       |                                                 | Check if this is an amended filing                                                                   |
|                |                                                                                          |                                                      |                       |                                                 | amended ming                                                                                         |
| Officia        | al Form 106H                                                                             |                                                      |                       |                                                 |                                                                                                      |
|                | dule H: Your Cod                                                                         | ohtore                                               |                       |                                                 | 40/45                                                                                                |
| Scrie          | uule n. Toul Cou                                                                         | enroi 2                                              |                       |                                                 | 12/15                                                                                                |
| fill it out, a | and number the entries in the e and case number (if known) o you have any codebtors? (If | boxes on the left. Attach<br>. Answer every question | the Additional Page t | o this page. On the top of                      | ed, copy the Additional Page,<br>any Additional Pages, write                                         |
| ■ No           |                                                                                          |                                                      |                       |                                                 |                                                                                                      |
| Arizo<br>      | thin the last 8 years, have you<br>na, California, Idaho, Louisiana                      |                                                      |                       |                                                 | ntes and territories include                                                                         |
|                | o. Go to line 3. es. Did your spouse, former spo                                         | use, or legal equivalent live                        | with you at the time? |                                                 |                                                                                                      |
| in lin<br>Form | e 2 again as a codebtor only                                                             | f that person is a guaran                            | tor or cosigner. Make | sure you have listed the c                      | th you. List the person shown<br>reditor on Schedule D (Official<br>edule E/F, or Schedule G to fill |
|                | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z                       | IP Code                                              |                       | Column 2: The creditor Check all schedules the  | or to whom you owe the debt at apply:                                                                |
| 3.1            |                                                                                          |                                                      |                       | ☐ Schedule D, line                              |                                                                                                      |
| 3.1            | Name                                                                                     |                                                      |                       | Schedule E/F, line                              |                                                                                                      |
|                |                                                                                          |                                                      |                       | ☐ Schedule G, line _                            |                                                                                                      |
|                |                                                                                          |                                                      |                       | _                                               |                                                                                                      |
|                | Number Street<br>City                                                                    | State                                                | ZIP Code              |                                                 |                                                                                                      |
|                | ,                                                                                        |                                                      | 2 0000                |                                                 |                                                                                                      |
|                |                                                                                          |                                                      |                       | _                                               |                                                                                                      |
| 3.2            | Nome                                                                                     |                                                      |                       | _ Schedule D, line                              |                                                                                                      |
|                | Name                                                                                     |                                                      |                       | ☐ Schedule E/F, line                            |                                                                                                      |
|                |                                                                                          |                                                      |                       | ☐ Schedule G, line _                            |                                                                                                      |
|                | Number Street                                                                            |                                                      |                       | _                                               |                                                                                                      |
|                | City                                                                                     | State                                                | ZIP Code              |                                                 |                                                                                                      |

Schedule H: Your Codebtors

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| FIII               | in this information to identify your                                                                                                                                                                                                                                                                                                                           | case:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Del                | otor 1 Janette Eva                                                                                                                                                                                                                                                                                                                                             | Farr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                |
|                    | otor 2<br>use, if filing)                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                |
| Uni                | ted States Bankruptcy Court for th                                                                                                                                                                                                                                                                                                                             | e: NORTHERN DISTRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CT OF GEORGIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                |
| (If kr             | fficial Form 106l                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Check if this is:  ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:  MM / DD/ YYYY                                                          |
|                    | chedule I: Your Inc                                                                                                                                                                                                                                                                                                                                            | ome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12/15                                                                                                                                                                                          |
| sup<br>spo         | olying correct information. If youse. If you are separated and yo                                                                                                                                                                                                                                                                                              | ı are married and not fili<br>ur spouse is not filing w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ing jointly, and your spouse is living in jointly, and your spouse is living in jointly in jointly, and your spouse is living in jointly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nd Debtor 2), both are equally responsible for<br>ng with you, include information about your<br>n about your spouse. If more space is needed,                                                 |
| sup<br>spo         | olying correct information. If you see. If you are separated and you have separated and you have separate sheet to this form  t1:  Describe Employment                                                                                                                                                                                                         | u are married and not fili<br>ur spouse is not filing w<br>. On the top of any addit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ing jointly, and your spouse is living jointly, and your spouse is living ith you, do not include information ional pages, write your name and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ng with you, include information about your n about your spouse. If more space is needed, case number (if known). Answer every question                                                        |
| sup<br>spo<br>atta | olying correct information. If you see. If you are separated and you has separate sheet to this form  1: Describe Employment information.                                                                                                                                                                                                                      | u are married and not fili<br>ur spouse is not filing w<br>. On the top of any addit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ing jointly, and your spouse is living the jointly, and your spouse is living the jointly is a six of the jointly in the joint | ng with you, include information about your n about your spouse. If more space is needed, case number (if known). Answer every question  Debtor 2 or non-filing spouse                         |
| sup<br>spo<br>atta | olying correct information. If you see. If you are separated and you have separated and you have separate sheet to this form  t1:  Describe Employment                                                                                                                                                                                                         | u are married and not fili<br>ur spouse is not filing w<br>. On the top of any addit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ing jointly, and your spouse is living jointly, and your spouse is living ith you, do not include information ional pages, write your name and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ng with you, include information about your n about your spouse. If more space is needed, case number (if known). Answer every question                                                        |
| sup<br>spo<br>atta | clying correct information. If you see. If you are separated and you have separated to this form  t1: Describe Employment information.  If you have more than one job, attach a separate page with                                                                                                                                                             | u are married and not fili<br>ur spouse is not filing w<br>. On the top of any addit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ing jointly, and your spouse is living the you, do not include information ional pages, write your name and  Debtor 1  Employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ng with you, include information about your n about your spouse. If more space is needed, case number (if known). Answer every question  Debtor 2 or non-filing spouse                         |
| sup<br>spo<br>atta | clying correct information. If you see. If you are separated and you have separated to this form the separate sheet to this form the separate Employment information.  If you have more than one job, attach a separate page with information about additional | u are married and not fili<br>ur spouse is not filing w<br>On the top of any additi<br>Employment status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ing jointly, and your spouse is living the you, do not include information ional pages, write your name and  Debtor 1  Employed  Not employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ng with you, include information about your n about your spouse. If more space is needed, case number (if known). Answer every question  Debtor 2 or non-filing spouse  Employed  Not employed |
| sup<br>spo<br>atta | blying correct information. If you see. If you are separated and you have separated to this form  t1: Describe Employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or                                                                                    | u are married and not fili ur spouse is not filing w. On the top of any addition the top of any addition to the top of any addition the top of any addition to the top of any addition the top of any addition to the top of additional to the top of any addition to the top of additional to the top of a | Debtor 1  Employed  Not employed  Billing Specialists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ng with you, include information about your n about your spouse. If more space is needed, case number (if known). Answer every question  Debtor 2 or non-filing spouse  Employed  Not employed |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

|    |     |          | non | non-filing spouse |  |  |  |  |
|----|-----|----------|-----|-------------------|--|--|--|--|
| 2. | \$  | 4,118.00 | \$  | 0.00              |  |  |  |  |
| 3. | +\$ | 173.00   | +\$ | 0.00              |  |  |  |  |
| 4. | \$  | 4,291.00 | \$  | 0.00              |  |  |  |  |

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

# 

| Debtor 1 Janette Eva Farr |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _                                             | С   | ase number (if kn                                      | own)                            |                              |                                                   |                                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----|--------------------------------------------------------|---------------------------------|------------------------------|---------------------------------------------------|---------------------------------|
|                           | 0                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |     | For Debtor 1                                           |                                 | non-                         | Debtor 2 or filing spouse                         |                                 |
|                           | Сор                                                                                                                                                                                                                                                                                                     | y line 4 here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4.                                            |     | \$ 4,291                                               | .00_                            | \$                           | 0.0                                               | <u>0</u>                        |
| 5.                        | List                                                                                                                                                                                                                                                                                                    | all payroll deductions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |     |                                                        |                                 |                              |                                                   |                                 |
|                           | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h.                                                                                                                                                                                                                                                    | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g. |     | \$ 272<br>\$ 218<br>\$ 520<br>\$ 0                     | .00                             | \$<br>\$<br>\$<br>\$<br>+ \$ | 0.0<br>0.0<br>0.0<br>0.0<br>0.0<br>0.0<br>0.0     | 0<br>0<br>0<br>0<br>0<br>0<br>0 |
| 6.                        | Add                                                                                                                                                                                                                                                                                                     | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6.                                            | ;   | \$1,664                                                | .00                             | \$                           | 0.0                                               | 0_                              |
| 7.                        | Calc                                                                                                                                                                                                                                                                                                    | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7.                                            | ;   | \$2,627                                                | .00                             | \$                           | 0.0                                               | 0_                              |
| 8.                        | 8a.<br>8b.<br>8c.<br>8d.<br>8e.<br>8f.                                                                                                                                                                                                                                                                  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify: | 8c.<br>8d.<br>8e.<br>8f.<br>8f.<br>8g.        |     | \$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 723<br>\$ 0 | .00<br>.00<br>.00<br>.00<br>.00 | \$<br>\$<br>\$ \$<br>+       | 0.0<br>0.0<br>0.0<br>0.0<br>2,526.0<br>0.0<br>0.0 | 0<br>0<br>0<br>0<br>0<br>0      |
| 9.                        | Add                                                                                                                                                                                                                                                                                                     | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9.                                            | \$  | 723                                                    | .00                             | \$                           | 2,526.                                            | 00                              |
| 10.                       | Cald                                                                                                                                                                                                                                                                                                    | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10.                                           | \$_ | 3,350.00                                               | + \$                            | 2,5                          | 26.00 = \$                                        | 5,876.00                        |
|                           | Add                                                                                                                                                                                                                                                                                                     | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |     |                                                        |                                 |                              |                                                   |                                 |
| 11.                       | Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |     |                                                        |                                 |                              |                                                   |                                 |
| 12.                       | 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12.                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |     |                                                        |                                 |                              |                                                   | 5,876.00                        |
| 13.                       | Do y                                                                                                                                                                                                                                                                                                    | ou expect an increase or decrease within the year after you file this form No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ?                                             |     |                                                        |                                 |                              | monti                                             | ny moonie                       |
|                           |                                                                                                                                                                                                                                                                                                         | Yes. Explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |     |                                                        |                                 |                              |                                                   |                                 |

Official Form 106I Schedule I: Your Income page 2

| Fill                                                                 | in this informat                                   | tion to identify yo                                  | our case:                           |                                                                           |                                         |            |         |                    |                               |      |
|----------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|-----------------------------------------|------------|---------|--------------------|-------------------------------|------|
| Deb                                                                  | tor 1                                              | Janette Eva F                                        | arr                                 |                                                                           | Check if this is:                       |            |         |                    |                               |      |
|                                                                      |                                                    |                                                      |                                     |                                                                           |                                         |            | An a    | amended filing     |                               |      |
|                                                                      | tor 2                                              |                                                      |                                     |                                                                           |                                         |            |         |                    | ving postpetition chapte      | r    |
| (Spc                                                                 | ouse, if filing)                                   |                                                      |                                     |                                                                           |                                         |            | 13 6    | expenses as of     | the following date:           |      |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA |                                                    |                                                      |                                     |                                                                           |                                         |            | MM      | / DD / YYYY        |                               |      |
|                                                                      | e number<br>nown)                                  |                                                      |                                     |                                                                           |                                         |            |         |                    |                               |      |
| Of                                                                   | fficial Fo                                         | rm 106J                                              |                                     |                                                                           |                                         |            |         |                    |                               |      |
| Sc                                                                   | chedule                                            | J: Your                                              | Exper                               | ises                                                                      |                                         |            |         |                    | 12                            | 2/15 |
| Be a<br>info<br>nun                                                  | as complete a<br>ormation. If mon<br>nber (if know | and accurate as<br>ore space is ne<br>n). Answer eve | possible<br>eded, atta<br>y questio | If two married people ar<br>ch another sheet to this                      |                                         |            |         |                    |                               |      |
| Pari                                                                 | Is this a join                                     | ibe Your House<br>it case?                           | enoia                               |                                                                           |                                         |            |         |                    |                               |      |
|                                                                      | ■ No. Go to                                        | line 2.                                              | in a senar                          | ate household?                                                            |                                         |            |         |                    |                               |      |
|                                                                      | □ 105. <b>20</b> 0                                 |                                                      | и сори.                             |                                                                           |                                         |            |         |                    |                               |      |
|                                                                      | =                                                  | -                                                    | st file Offici                      | al Form 106J-2, <i>Expenses</i>                                           | for Separate House                      | hold of De | ebtor 2 | <u>.</u> .         |                               |      |
| 2.                                                                   | Do you have                                        | e dependents?                                        | ■ No                                |                                                                           |                                         |            |         |                    |                               |      |
|                                                                      | Do not list De<br>Debtor 2.                        | ebtor 1 and                                          | ☐ Yes.                              | Fill out this information for each dependent                              | Dependent's relation Debtor 1 or Debtor |            |         | Dependent's<br>age | Does dependent live with you? |      |
|                                                                      | Do not state                                       | the                                                  |                                     |                                                                           |                                         |            |         |                    | □ No                          |      |
|                                                                      | dependents                                         |                                                      |                                     |                                                                           |                                         |            |         |                    | □Yes                          |      |
|                                                                      |                                                    |                                                      |                                     |                                                                           |                                         |            |         |                    | □ No                          |      |
|                                                                      |                                                    |                                                      |                                     |                                                                           |                                         |            |         |                    | ☐ Yes                         |      |
|                                                                      |                                                    |                                                      |                                     |                                                                           |                                         |            |         |                    | □ No                          |      |
|                                                                      |                                                    |                                                      |                                     |                                                                           |                                         |            |         |                    | ☐ Yes                         |      |
|                                                                      |                                                    |                                                      |                                     |                                                                           |                                         |            |         |                    | □ No                          |      |
| 2                                                                    | Da                                                 |                                                      |                                     |                                                                           |                                         |            |         |                    | ☐ Yes                         |      |
| 3.                                                                   |                                                    | enses include<br>f people other t                    | han                                 | No                                                                        |                                         |            |         |                    |                               |      |
|                                                                      |                                                    | d your depende                                       |                                     | Yes                                                                       |                                         |            |         |                    |                               |      |
|                                                                      |                                                    |                                                      |                                     | _                                                                         |                                         |            |         |                    |                               |      |
| Esti<br>exp                                                          | imate your ex                                      |                                                      | our bankr                           | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                                         |            |         |                    |                               |      |
| the                                                                  |                                                    | n assistance an                                      |                                     | government assistance it<br>luded it on <i>Schedule I:</i> Y              |                                         |            |         | Your expe          | enses                         |      |
| ,511                                                                 |                                                    | ··· <i>)</i>                                         |                                     |                                                                           |                                         |            |         |                    |                               |      |
| 4.                                                                   |                                                    | r home owners                                        |                                     | ses for your residence. In r lot.                                         | nclude first mortgage                   | 4.         | \$_     |                    | 1,839.00                      |      |
|                                                                      | If not includ                                      | ed in line 4:                                        |                                     |                                                                           |                                         |            |         |                    |                               |      |
|                                                                      | 4a. Real e                                         | state taxes                                          |                                     |                                                                           |                                         | 4a.        | \$      |                    | 0.00                          |      |
|                                                                      | 4b. Proper                                         | rty, homeowner's                                     | s, or renter                        | 's insurance                                                              |                                         | 4b.        | \$ _    |                    | 0.00                          |      |
|                                                                      |                                                    |                                                      | •                                   | ipkeep expenses                                                           |                                         | 4c.        | : —     |                    | 100.00                        |      |
| _                                                                    |                                                    | owner's associat                                     |                                     |                                                                           |                                         | 4d.        |         |                    | 0.00                          |      |
| 5.                                                                   | Additional n                                       | nortgage payme                                       | ents for yo                         | our residence, such as ho                                                 | me equity loans                         | 5.         | \$      |                    | 0.00                          |      |

| Deb         | otor 1  | Janette E    | Eva Farr Ca                                                                                                                                               | se num                   | ber (if known)  |                                |
|-------------|---------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|--------------------------------|
| 6.          | Utiliti | ies:         |                                                                                                                                                           |                          |                 |                                |
|             | 6a.     | Electricity, | heat, natural gas                                                                                                                                         | 6a.                      | \$              | 420.00                         |
|             | 6b.     | Water, sev   | wer, garbage collection                                                                                                                                   | 6b.                      | \$              | 100.00                         |
|             | 6c.     | Telephone    | e, cell phone, Internet, satellite, and cable services                                                                                                    | 6c.                      | \$              | 190.00                         |
|             | 6d.     | Other. Spe   | ecify: Cable/Internet                                                                                                                                     | 6d.                      | \$              | 180.00                         |
|             |         | Alarm        |                                                                                                                                                           | -                        | \$              | 40.00                          |
|             |         | Lawn Ca      |                                                                                                                                                           | -                        | \$              | 60.00                          |
| 7.          | Food    | and hous     | ekeeping supplies                                                                                                                                         | <sup>-</sup> 7.          | \$              | 600.00                         |
| 8.          |         |              | children's education costs                                                                                                                                | 8.                       | \$              | 0.00                           |
| 9.          |         |              | ry, and dry cleaning                                                                                                                                      | 9.                       | \$              | 96.00                          |
| 10.         |         | -            | products and services                                                                                                                                     | 10.                      | · -             | 100.00                         |
|             |         | -            | ntal expenses                                                                                                                                             | 11.                      | ·               | 200.00                         |
|             |         |              | Include gas, maintenance, bus or train fare.                                                                                                              |                          |                 |                                |
|             |         |              | ar payments.                                                                                                                                              | 12.                      | \$              | 550.00                         |
| 13.         | Ente    | rtainment,   | clubs, recreation, newspapers, magazines, and books                                                                                                       | 13.                      | \$              | 0.00                           |
| 14.         | Char    | itable cont  | ributions and religious donations                                                                                                                         | 14.                      | \$              | 0.00                           |
| 15.         | Insur   |              |                                                                                                                                                           |                          |                 |                                |
|             |         |              | surance deducted from your pay or included in lines 4 or 20.                                                                                              |                          |                 |                                |
|             | 15a.    | Life insura  | ance                                                                                                                                                      | 15a.                     | ·               | 0.00                           |
|             | 15b.    | Health ins   | urance                                                                                                                                                    | 15b.                     | *               | 0.00                           |
|             | 15c.    | Vehicle in:  | surance                                                                                                                                                   | 15c.                     | \$              | 250.00                         |
|             | 15d.    | Other insu   | ırance. Specify:                                                                                                                                          | 15d.                     | \$              | 0.00                           |
| 16.         |         |              | clude taxes deducted from your pay or included in lines 4 or 20.                                                                                          |                          | •               |                                |
|             | Spec    | ·            |                                                                                                                                                           | _ 16.                    | \$              | 0.00                           |
| 17.         |         |              | ease payments:                                                                                                                                            |                          | _               |                                |
|             |         |              | ents for Vehicle 1                                                                                                                                        | 17a.                     | ·               | 651.00                         |
|             |         |              | ents for Vehicle 2                                                                                                                                        | 17b.                     | ·               | 0.00                           |
|             |         | Other. Spe   |                                                                                                                                                           | _ 17c.                   | ·               | 0.00                           |
|             |         | Other. Spe   |                                                                                                                                                           | _ 17d.                   | \$              | 0.00                           |
| 18.         |         |              | of alimony, maintenance, and support that you did not report as                                                                                           | 40                       | ¢.              | 0.00                           |
| 40          |         |              | your pay on line 5, Schedule I, Your Income (Official Form 106I).                                                                                         | 18.                      | ·               |                                |
| 19.         |         |              | s you make to support others who do not live with you.                                                                                                    | 40                       | \$              | 0.00                           |
| 20          | Spec    |              | anticonnance wat included in lines 4 on 5 of this forms on on Oct.                                                                                        | 19.                      | <b>-</b>        |                                |
| 20.         |         |              | erty expenses not included in lines 4 or 5 of this form or on Schedu. s on other property                                                                 | i <b>e i: yo</b><br>20a. |                 | 0.00                           |
|             |         | Real estat   |                                                                                                                                                           | 20a.<br>20b.             | ·               |                                |
|             |         |              | homeowner's, or renter's insurance                                                                                                                        | 20b.                     |                 | 0.00                           |
|             |         |              |                                                                                                                                                           |                          | ·               | 0.00                           |
|             |         |              | nce, repair, and upkeep expenses                                                                                                                          | 20d.                     | ·               | 0.00                           |
| 0.4         |         |              | er's association or condominium dues                                                                                                                      | 20e.                     | · <u> </u>      | 0.00                           |
| 21.         | Otne    | r: Specify:  | Non-Filing Spouse Credit Card and Loan                                                                                                                    | - 21.<br>-               | +\$             | 500.00                         |
| 22.         | Calcu   | ulate your   | monthly expenses                                                                                                                                          |                          |                 |                                |
|             |         | -            | through 21.                                                                                                                                               |                          | \$              | 5,876.00                       |
|             |         |              | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                      |                          | \$              |                                |
|             |         |              | a and 22b. The result is your monthly expenses.                                                                                                           |                          | \$              | 5,876.00                       |
|             | 220.7   | Add IIIC ZZ  | a and 22b. The result is your monthly expenses.                                                                                                           |                          | Ψ               | 3,870.00                       |
| 23.         |         | -            | monthly net income.                                                                                                                                       |                          |                 |                                |
|             |         |              | 12 (your combined monthly income) from Schedule I.                                                                                                        | 23a.                     | ·               | 5,876.00                       |
|             | 23b.    | Copy your    | monthly expenses from line 22c above.                                                                                                                     | 23b.                     | -\$             | 5,876.00                       |
|             |         |              |                                                                                                                                                           |                          |                 |                                |
|             | 23c.    |              | our monthly expenses from your monthly income.                                                                                                            | 00-                      | ¢.              | 0.00                           |
|             |         | The result   | is your monthly net income.                                                                                                                               | 23c.                     | \$              | 0.00                           |
| 24          | De ···  | 011 0V=004   | on increase or decrease in your expenses within the way offer your                                                                                        | ilo th!-                 | form?           |                                |
| <b>24</b> . |         |              | an increase or decrease in your expenses within the year after you fou expect to finish paying for your car loan within the year or do you expect your mo |                          |                 | ease or decrease because of a  |
|             |         |              | terms of your mortgage?                                                                                                                                   | gage                     | paymont to more | , acc 5. doctodes 5000050 of a |
|             | ■ No    |              | <del></del>                                                                                                                                               |                          |                 |                                |
|             | □ Ye    |              | Explain here:                                                                                                                                             |                          |                 |                                |
|             |         | · · · ·      | 1                                                                                                                                                         |                          |                 |                                |

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| Fill in this inform                    | ation to identify your case:                                                                                                         |                                                                                                                            |                                                              |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Debtor 1                               | Janette Eva Farr                                                                                                                     |                                                                                                                            |                                                              |
| Debtor 2                               | First Name Middle Na                                                                                                                 | me Last Name                                                                                                               |                                                              |
| (Spouse if, filing)                    | First Name Middle Na                                                                                                                 | nme Last Name                                                                                                              |                                                              |
| United States Bar                      | kruptcy Court for the: NORTHERN                                                                                                      | I DISTRICT OF GEORGIA                                                                                                      | _                                                            |
| Case number                            |                                                                                                                                      | _                                                                                                                          | Check if this is an amended filing                           |
| Official For<br><b>Statemen</b>        |                                                                                                                                      | dividuals Filing Under Cha                                                                                                 | apter 7 12/15                                                |
|                                        | ridual filing under chapter 7, you mu<br>claims secured by your property, o                                                          |                                                                                                                            |                                                              |
| You must file this                     | er is earlier, unless the court exten                                                                                                | nas not expired.<br>after you file your bankruptcy petition or by the o<br>ds the time for cause. You must also send copie |                                                              |
| •                                      | ople are filing together in a joint cas<br>I date the form.                                                                          | e, both are equally responsible for supplying co                                                                           | rrect information. Both debtors must                         |
|                                        | nd accurate as possible. If more spa<br>ur name and case number (if known                                                            | ace is needed, attach a separate sheet to this for<br>n).                                                                  | m. On the top of any additional pages,                       |
|                                        | ur Creditors Who Have Secured Cla                                                                                                    |                                                                                                                            |                                                              |
| information bel                        | ow.                                                                                                                                  | ule D: Creditors Who Have Claims Secured by P                                                                              |                                                              |
| Identify the cre                       | ditor and the property that is collatera                                                                                             | What do you intend to do with the proper secures a debt?                                                                   | rty that Did you claim the property as exempt on Schedule C? |
| Creditor's Mı                          | r. Cooper                                                                                                                            | ☐ Surrender the property.                                                                                                  | □ No                                                         |
| name:                                  |                                                                                                                                      | Retain the property and redeem it.                                                                                         | ■ Yes                                                        |
| Description of property securing debt: | 3692 Treybyrne Xing Dacula, GA<br>30019 Gwinnett County<br>Debtor's Residence<br>Value based on county taxes.<br>recent sales, FMLS. | Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:                          |                                                              |
| Creditor's Sa                          | antander Consumer USA                                                                                                                | ☐ Surrender the property. ☐ Retain the property and redeem it.                                                             | □ No                                                         |
| Description of                         | 2015 Jeep Cherokee Limited 60,000 miles                                                                                              | Retain the property and enter into a<br>Reaffirmation Agreement.                                                           | ■ Yes                                                        |
| property<br>securing debt:             | Motor Vehicles Value based on the Consumer Edition of the NADA Official Used Car Guide®                                              | ☐ Retain the property and [explain]:                                                                                       |                                                              |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended.

Official Form 108

# Case 19-53160-wlh Doc 1 Filed 02/28/19 Entered 02/28/19 10:21:02 Desc Main Document Page 39 of 56

| Debtor 1                               | Janette Eva Farr                                                                                    | Case number (if known)                                                              |
|----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| You may a                              | assume an unexpired personal property leas                                                          | e if the trustee does not assume it. 11 U.S.C. § 365(p)(2).                         |
| Describe                               | your unexpired personal property leases                                                             | Will the lease be assumed?                                                          |
| Lessor's r<br>Description<br>Property: | on of leased                                                                                        | □ No                                                                                |
| Lessor's r<br>Description<br>Property: | on of leased                                                                                        | □ No                                                                                |
| Lessor's r<br>Description<br>Property: | on of leased                                                                                        | □ No                                                                                |
| Lessor's r<br>Description<br>Property: | on of leased                                                                                        | □ No □ Yes                                                                          |
| Lessor's r<br>Description<br>Property: | on of leased                                                                                        | □ No                                                                                |
| Lessor's r<br>Description<br>Property: | on of leased                                                                                        | □ No                                                                                |
| Lessor's r<br>Description<br>Property: | on of leased                                                                                        | □ No                                                                                |
| Part 3:<br>Under per<br>property t     | Sign Below  nalty of perjury, I declare that I have indicate that is subject to an unexpired lease. | d my intention about any property of my estate that secures a debt and any personal |
| Jan                                    | lanette Eva Farr<br>ette Eva Farr<br>ature of Debtor 1                                              | Signature of Debtor 2                                                               |
| Date                                   | February 28, 2019                                                                                   | Date                                                                                |

## Case 19-53160-wlh Doc 1 Filed 02/28/19 Entered 02/28/19 10:21:02 Desc Main

| Fill in this infor  | mation to identify your  | case:             |            |                                   |    |
|---------------------|--------------------------|-------------------|------------|-----------------------------------|----|
| Debtor 1            | Janette Eva Farr         |                   |            |                                   |    |
|                     | First Name               | Middle Name       | Last Name  |                                   |    |
| Debtor 2            |                          |                   |            |                                   |    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name  |                                   |    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA |                                   |    |
| Case number         |                          |                   |            | Charle if this is                 |    |
| (II KIIOWII)        |                          |                   |            | ☐ Check if this is amended filing | an |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |                                                                                                                                                                                                    |             | assets<br>of what you own |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------|
| 4   | Schodule A/D. Dranasty (Official Form 106A/D)                                                                                                                                                      |             | ·                         |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                              | \$          | 186,500.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$          | 37,576.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$          | 224,076.00                |
| Par | t 2: Summarize Your Liabilities                                                                                                                                                                    |             |                           |
|     |                                                                                                                                                                                                    |             | iabilities                |
|     |                                                                                                                                                                                                    | Amou        | nt you owe                |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 335,536.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$          | 47,486.00                 |
|     | Your total liabilities                                                                                                                                                                             | \$          | 383,022.00                |
| Par | t 3: Summarize Your Income and Expenses                                                                                                                                                            |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I)                                                                                                                                                       |             |                           |
| 4.  | Copy your combined monthly income from line 12 of Schedule I                                                                                                                                       | \$          | 5,876.00                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$          | 5,876.00                  |
| Par | t 4: Answer These Questions for Administrative and Statistical Records                                                                                                                             |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other so | chedules.                 |
|     | Yes                                                                                                                                                                                                |             |                           |
|     | What kind of debt do you have?                                                                                                                                                                     |             |                           |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

#### Entered 02/28/19 10:21:02 Desc Main Case 19-53160-wlh Doc 1 Filed 02/28/19 Document

Page 41 of 56 Case number (if known) Debtor 1 Janette Eva Farr

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,236.81 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|                                                                                                                              | Total cla | im       |
|------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |           |          |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$        | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$        | 2,418.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$        | 2,418.00 |

| Fill in th  | nis info  | rmation to identify your                               | case:                     |                |                  |                      |             |                            |
|-------------|-----------|--------------------------------------------------------|---------------------------|----------------|------------------|----------------------|-------------|----------------------------|
| Debtor 1    | 1         | Janette Eva Farr                                       |                           |                |                  |                      |             |                            |
|             |           | First Name                                             | Middle Name               | La             | st Name          |                      |             |                            |
| Debtor 2    |           |                                                        |                           |                |                  |                      |             |                            |
| (Spouse if, | , filing) | First Name                                             | Middle Name               | La             | st Name          |                      |             |                            |
| United S    | States E  | Bankruptcy Court for the:                              | NORTHERN DISTRIC          | T OF GEOR      | GIA              |                      |             |                            |
| Case nu     | ımher     |                                                        |                           |                |                  |                      |             |                            |
| (if known)  |           |                                                        |                           |                |                  |                      |             | Check if this is an        |
|             |           |                                                        |                           |                |                  |                      |             | amended filing             |
|             |           |                                                        |                           |                |                  |                      |             |                            |
|             |           |                                                        |                           |                |                  |                      |             |                            |
| Officia     | al For    | rm 106Dec                                              |                           |                |                  |                      |             |                            |
| Dec         | lara      | tion About a                                           | n Individua               | I Debt         | or's Sch         | edules               |             | 12/15                      |
|             |           |                                                        |                           |                |                  |                      |             |                            |
| If two ma   | arried p  | people are filing togethe                              | r, both are equally respo | onsible for    | supplying correc | t information.       |             |                            |
| V           |           |                                                        | la bandania a di adala    |                |                  |                      |             |                            |
|             |           | his form whenever you fi<br>ey or property by fraud ii |                           |                |                  |                      |             |                            |
|             |           | 18 U.S.C. §§ 152, 1341, 1                              |                           |                |                  |                      | , cp.       |                            |
|             |           |                                                        |                           |                |                  |                      |             |                            |
|             |           |                                                        |                           |                |                  |                      |             |                            |
|             | Si        | gn Below                                               |                           |                |                  |                      |             |                            |
| D:          |           |                                                        | ana wha ia NOT an atta    |                |                  | l                    |             |                            |
| DIC         | a you p   | pay or agree to pay some                               | one who is NOT an atto    | rney to nei    | you fill out ban | ikruptcy forms?      |             |                            |
|             | No        |                                                        |                           |                |                  |                      |             |                            |
| П           | Yes       | Name of person                                         |                           |                |                  | Attach Ra            | nkruntov Pe | etition Preparer's Notice, |
|             | 100.      |                                                        |                           |                |                  |                      |             | ature (Official Form 119)  |
|             |           |                                                        |                           |                |                  |                      |             |                            |
| Hne         | dor non   | nalty of perjury, I declare                            | that I have road the sur  | nmary and      | chadulas filad v | with this doclarat   | ion and     |                            |
|             |           | are true and correct.                                  | that i have read the Sun  | illiary ariu s | scriedules med v | vitti tilis deciarat | ion and     |                            |
|             |           |                                                        |                           |                |                  |                      |             |                            |
| X           |           | nette Eva Farr                                         |                           | X              |                  |                      |             |                            |
|             |           | te Eva Farr<br>ture of Debtor 1                        |                           |                | Signature of De  | eptor 2              |             |                            |
|             | Signat    | idie di Debidi I                                       |                           |                |                  |                      |             |                            |
|             | Date      | February 28, 2019                                      |                           |                | Date             |                      |             |                            |
|             |           | ·                                                      |                           |                |                  |                      |             |                            |

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B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Georgia

| In r | e Janette Eva Farr                                                                                                                                                                                                                                                                                                                   |                                                                                                            | Case No.                                                              |                                                  |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------|
|      |                                                                                                                                                                                                                                                                                                                                      | Debtor(s)                                                                                                  | Chapter                                                               | 7                                                |
|      | DISCLOSURE OF COMP                                                                                                                                                                                                                                                                                                                   | ENSATION OF ATTO                                                                                           | RNEY FOR DI                                                           | EBTOR(S)                                         |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the f be rendered on behalf of the debtor(s) in contemplation                                                                                                                                                                    | iling of the petition in bankruptcy                                                                        | y, or agreed to be paid                                               | to me, for services rendered or to               |
|      | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                          |                                                                                                            | \$                                                                    | 1,400.00                                         |
|      | Prior to the filing of this statement I have received                                                                                                                                                                                                                                                                                | ed                                                                                                         | \$                                                                    | 1,400.00                                         |
|      | Balance Due                                                                                                                                                                                                                                                                                                                          |                                                                                                            | \$                                                                    | 0.00                                             |
| 2.   | \$_335.00 of the filing fee has been paid.                                                                                                                                                                                                                                                                                           |                                                                                                            |                                                                       |                                                  |
| 3.   | The source of the compensation paid to me was:                                                                                                                                                                                                                                                                                       |                                                                                                            |                                                                       |                                                  |
|      | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                          |                                                                                                            |                                                                       |                                                  |
| 4.   | The source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                      |                                                                                                            |                                                                       |                                                  |
|      | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                          |                                                                                                            |                                                                       |                                                  |
| 5.   | ☐ I have not agreed to share the above-disclosed co                                                                                                                                                                                                                                                                                  | mpensation with any other person                                                                           | n unless they are mem                                                 | bers and associates of my law firm.              |
|      | ■ I have agreed to share the above-disclosed compecopy of the agreement, together with a list of the                                                                                                                                                                                                                                 |                                                                                                            |                                                                       |                                                  |
| 6.   | In return for the above-disclosed fee, I have agreed to                                                                                                                                                                                                                                                                              | o render legal service for all aspec                                                                       | cts of the bankruptcy of                                              | ease, including:                                 |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and reib. Preparation and filing of any petition, schedules, sc. Representation of the debtor at the meeting of credd. [Other provisions as needed] Negotiations with secured creditors to reagreements and applications as needed of liens on household goods.</li> </ul> | statement of affairs and plan which<br>ditors and confirmation hearing, a<br>educe to market value; exempt | ch may be required;<br>and any adjourned hea<br>tion planning; prepar | rings thereof; ation and filing of reaffirmation |
|      | Helping client obtain Pre-Filing Credit Br<br>Pay advice and tax transcript/returns<br>Initial Intake, etc.<br>Motion to Extend or to Impose Stay and<br>Certificate of Exigent Circumstances<br>341 Hearing and reset hearings                                                                                                      | -                                                                                                          |                                                                       |                                                  |

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Filing Pre-discharge financial counseling certificate Pre-discharge DSO certificate

The undersigned further understands that additional fees will be charged and a new fee retainer agreement must be agreed upon in the event that the undersigned desires legal representation in bankruptcy matters relating to any complaint, representation in adversary proceedings and other contested bankruptcy matters or hearing mandated by 11 USC Š362 relating to a creditors attempt to obtain relief from the stay, any objections filed under 11 USC Š707 or any other Bankruptcy Code Section, or any other matters arising following the Chapter 7 case or the dismissal of the case. Fees for additional services are charged at the firm's blended billing rate currently \$300.00 per hour. Above fees include appearance at one 341 meeting of Creditors, additional hearings are an additional \$100.00 per appearance.

It is understood that addittional fees will be charged for representation at 2004 Examinations, and Audits by the U.S Trustee.

It is understood and agreed that CLIENT has not retained or employed THE GALLER LAW FIRM, L.L.C. to represent CLIENT in any other litigation which may be presently pending, or which may be commenced after the date of this agreement. This retainer represents CLIENT'S intention to retain GALLER LAW FIRM, LLC for the purposes of preparing

Lien avoidances necessary

| In re | Janette Eva Farr                                                     | Case No.                                                                                      |
|-------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|       | Γ                                                                    | Debtor(s)                                                                                     |
|       | DISCLOSURE OF CO                                                     | OMPENSATION OF ATTORNEY FOR DEBTOR(S) (Continuation Sheet)                                    |
|       | and filing Chapter 7 bankruptcy pa                                   | aperwork.                                                                                     |
|       |                                                                      | CERTIFICATION                                                                                 |
|       | certify that the foregoing is a complete stater nkruptcy proceeding. | ment of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| Fel   | bruary 28, 2019                                                      | /s/ David E. Galler                                                                           |
| Da    | •                                                                    | David E. Galler 283015                                                                        |
|       |                                                                      | Signature of Attorney                                                                         |
|       |                                                                      | Galler Law. LLC                                                                               |
|       |                                                                      | P.O. Box 2118                                                                                 |
|       |                                                                      | Roswell, GA 30077                                                                             |
|       |                                                                      | 678-310-9088 Fax: 404-549-4330                                                                |
|       |                                                                      | david@gallerlaw.com                                                                           |
| l     |                                                                      | Name of law firm                                                                              |

Signature /s/ Janette Eva Farr

Debtor

Janette Eva Farr

Date February 28, 2019

## **United States Bankruptcy Court** Northern District of Georgia

| Northern District of Georgia |                                  |                                                      |                   |                       |
|------------------------------|----------------------------------|------------------------------------------------------|-------------------|-----------------------|
| In re                        | Janette Eva Farr                 |                                                      | Case No.          |                       |
|                              |                                  | Debtor(s)                                            | Chapter           | 7                     |
|                              |                                  |                                                      |                   |                       |
|                              | VER                              | RIFICATION OF CREDITOR N                             | MATRIX            |                       |
| he ab                        | ove-named Debtor hereby verifies | s that the attached list of creditors is true and co | rrect to the best | of his/her knowledge. |
| Date:                        | February 28, 2019                | /s/ Janette Eva Farr                                 |                   |                       |
|                              |                                  | Janette Eva Farr                                     |                   |                       |

Signature of Debtor

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

| Fill in                                                                                                                                                                                                                                                                                                                                                                                        | this information to identify your case:                                                                                                                                                                                                                                                          |                                     |                                      | Che                 | ck on              | e box only as d                        | rected in                  | this form and                    | in Form                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|---------------------|--------------------|----------------------------------------|----------------------------|----------------------------------|---------------------------------|
| Debte                                                                                                                                                                                                                                                                                                                                                                                          | or 1 Janette Eva Farr                                                                                                                                                                                                                                                                            |                                     |                                      | 122                 | A-1Sı              | ipp:                                   |                            |                                  |                                 |
| Debto                                                                                                                                                                                                                                                                                                                                                                                          | or 2                                                                                                                                                                                                                                                                                             |                                     |                                      |                     | <b>■</b> 1 T       | here is no presi                       | umption o                  | of abuse                         |                                 |
| (Spous                                                                                                                                                                                                                                                                                                                                                                                         | e, if filing)                                                                                                                                                                                                                                                                                    |                                     |                                      |                     | _                  |                                        |                            |                                  |                                 |
| Unite                                                                                                                                                                                                                                                                                                                                                                                          | d States Bankruptcy Court for the: Northern District of                                                                                                                                                                                                                                          | Georgia                             |                                      | L                   |                    | he calculation to<br>applies will be m |                            |                                  | nption of abuse                 |
| Case                                                                                                                                                                                                                                                                                                                                                                                           | number                                                                                                                                                                                                                                                                                           |                                     |                                      |                     |                    | Calculation (Offi                      |                            |                                  | vicario i col                   |
| (if knov                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                     |                                      |                     |                    | he Means Test<br>qualified military    |                            |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                     |                                      |                     | ⊐ Ch               | eck if this is a                       | n amend                    | led filing                       |                                 |
| Offi                                                                                                                                                                                                                                                                                                                                                                                           | cial Form 122A - 1                                                                                                                                                                                                                                                                               |                                     |                                      |                     |                    |                                        |                            |                                  |                                 |
| Cha                                                                                                                                                                                                                                                                                                                                                                                            | apter 7 Statement of Your Cur                                                                                                                                                                                                                                                                    | rent Mo                             | onthly l                             | Inc                 | om                 | e                                      |                            |                                  | 12/15                           |
|                                                                                                                                                                                                                                                                                                                                                                                                | aptor r Gtatomont Gr r Gar Gar                                                                                                                                                                                                                                                                   |                                     |                                      |                     |                    |                                        |                            |                                  |                                 |
| attach<br>case n                                                                                                                                                                                                                                                                                                                                                                               | complete and accurate as possible. If two married people a<br>a separate sheet to this form. Include the line number to w<br>umber (if known). If you believe that you are exempted from<br>ring military service, complete and file Statement of Exemp<br>Calculate Your Current Monthly Income | hich the addit<br>n a presumpti     | ional information on of abuse b      | tion ap             | pplies.<br>se you  | On the top of ar                       | y addition                 | nal pages, writ<br>sumer debts o | e your name and<br>r because of |
| 1.                                                                                                                                                                                                                                                                                                                                                                                             | What is your marital and filing status? Check one on                                                                                                                                                                                                                                             | y.                                  |                                      |                     |                    |                                        |                            |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | □ Not married. Fill out Column A, lines 2-11.                                                                                                                                                                                                                                                    |                                     |                                      |                     |                    |                                        |                            |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Married and your spouse is filing with you. Fill ou                                                                                                                                                                                                                                            | t both Colum                        | ns A and B, I                        | lines 2             | 2-11.              |                                        |                            |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | Married and your spouse is NOT filing with you.                                                                                                                                                                                                                                                  | ou and you                          | r spouse ar                          | e:                  |                    |                                        |                            |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | ■ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.                                                                                                                                                                                         |                                     |                                      |                     |                    |                                        |                            |                                  |                                 |
| Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B). |                                                                                                                                                                                                                                                                                                  |                                     |                                      |                     |                    |                                        |                            |                                  |                                 |
| 10 <sup>2</sup><br>the                                                                                                                                                                                                                                                                                                                                                                         | in the average monthly income that you received from all standards. In (10A). For example, if you are filing on September 15, the 6-ma 6 months, add the income for all 6 months and divide the total buses own the same rental property, put the income from that property.                     | onth period wo<br>by 6. Fill in the | uld be March 1 result. Do not        | through the through | gh Aug<br>e any ii | ust 31. If the amo                     | unt of your<br>ore than or | monthly incom                    | ne varied during<br>le, if both |
| spc                                                                                                                                                                                                                                                                                                                                                                                            | puses own the same rental property, put the income from that pr                                                                                                                                                                                                                                  | operty in one t                     | Joiumin Only. II                     | you na              | Colun              |                                        | Column                     | ·                                | ace.                            |
|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                     |                                      |                     | Debto              |                                        | Debtor                     |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).                                                                                                                                                                                                                        | ınd commis                          | sions (before                        | e all               | \$                 | 3,513.81                               | \$                         | 0.00                             |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.                                                                                                                                                                                                                   | payments fro                        | m a spouse                           | if                  | \$                 | 0.00                                   | \$                         | 0.00                             |                                 |
| 1                                                                                                                                                                                                                                                                                                                                                                                              | All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a spfilled in. Do not include payments you listed on line 3.                       | Include regu<br>, your depend       | lar contribution dents, parent       | ons<br>ts,<br>not   | \$                 | 0.00                                   | \$                         | 0.00                             |                                 |
| 5.                                                                                                                                                                                                                                                                                                                                                                                             | Net income from operating a business, profession, o                                                                                                                                                                                                                                              |                                     |                                      |                     |                    |                                        |                            |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                     | ebtor 1                              |                     |                    |                                        |                            |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | Gross receipts (before all deductions)                                                                                                                                                                                                                                                           | \$ <u>0.0</u><br>-\$                |                                      |                     |                    |                                        |                            |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | Ordinary and necessary operating expenses                                                                                                                                                                                                                                                        |                                     | <u>0</u><br><mark>0 Copy he</mark> ⊩ | ro -> '             | ¢                  | 0.00                                   | \$                         | 0.00                             |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | Net monthly income from a business, profession, or farr                                                                                                                                                                                                                                          | 1\$                                 | Copy lie                             | 16->                | Ψ                  | 0.00                                   | Ψ                          | 0.00                             |                                 |
| 6.                                                                                                                                                                                                                                                                                                                                                                                             | Net income from rental and other real property                                                                                                                                                                                                                                                   | D                                   | ebtor 1                              |                     |                    |                                        |                            |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | Gross receipts (before all deductions)                                                                                                                                                                                                                                                           | \$ 0.0                              |                                      |                     |                    |                                        |                            |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | Ordinary and necessary operating expenses                                                                                                                                                                                                                                                        | -\$ 0.0                             |                                      |                     |                    |                                        |                            |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | Net monthly income from rental or other real property                                                                                                                                                                                                                                            | \$ 0.0                              | O Copy he                            | re -> 9             | \$_                | 0.00                                   | \$                         | 0.00                             |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                | Interest, dividends, and royalties                                                                                                                                                                                                                                                               |                                     | _                                    |                     | \$                 | 0.00                                   | \$                         | 0.00                             |                                 |

Official Form 122A-1

Debtor 1 Janette Eva Farr Case number (if known)

|                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |                                                                              |          | Column A Debtor 1 |             | Column B Debtor 2 or non-filing sp | pouse                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------|-------------------|-------------|------------------------------------|------------------------------|
| 8.                                                                                                                                                                                                                                                                           | Unemployment compensation                                                                                                                                                                                                                       |                                                                              |          | \$                | 0.00        | \$                                 | 0.00                         |
|                                                                                                                                                                                                                                                                              | Do not enter the amount if you contend that the amoun the Social Security Act. Instead, list it here:                                                                                                                                           |                                                                              | t under  |                   |             |                                    |                              |
|                                                                                                                                                                                                                                                                              | For you \$                                                                                                                                                                                                                                      | 0.0                                                                          | 00_      |                   |             |                                    |                              |
|                                                                                                                                                                                                                                                                              | For your spouse \$                                                                                                                                                                                                                              | 0.0                                                                          |          |                   |             |                                    |                              |
|                                                                                                                                                                                                                                                                              | Pension or retirement income. Do not include any an benefit under the Social Security Act.                                                                                                                                                      |                                                                              |          | \$                | 723.00      | \$                                 | 0.00                         |
| 10.                                                                                                                                                                                                                                                                          | Income from all other sources not listed above. Specific Do not include any benefits received under the Social Specieved as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below. | Security Act or paymen<br>manity, or international<br>a separate page and pu | ts<br>or | \$                | 0.00        | \$                                 | 0.00                         |
|                                                                                                                                                                                                                                                                              | ·                                                                                                                                                                                                                                               |                                                                              | _        | φ                 | 0.00        | \$                                 | 0.00                         |
|                                                                                                                                                                                                                                                                              | Total amounts from separate pages, if any.                                                                                                                                                                                                      |                                                                              | _ +      | \$                | 0.00        | \$                                 | 0.00                         |
|                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |                                                                              |          | <u> </u>          | 7 [         |                                    | 0.00                         |
| 11.                                                                                                                                                                                                                                                                          | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the to                                                                                                                                    |                                                                              | \$       | 4,236.81          | +           | 0.00                               | <b>=</b> \$4,236.81          |
|                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |                                                                              |          |                   |             |                                    | Total current monthly income |
| Part                                                                                                                                                                                                                                                                         | 2: Determine Whether the Means Test Applies t                                                                                                                                                                                                   | o You                                                                        |          |                   |             |                                    |                              |
| 12.                                                                                                                                                                                                                                                                          | Calculate your current monthly income for the year                                                                                                                                                                                              | Follow these steps:                                                          |          |                   |             |                                    |                              |
|                                                                                                                                                                                                                                                                              | 12a. Copy your total current monthly income from line                                                                                                                                                                                           | 11                                                                           |          | Сор               | y line 11 h | nere=>                             | \$4,236.81_                  |
|                                                                                                                                                                                                                                                                              | Multiply by 12 (the number of months in a year)                                                                                                                                                                                                 |                                                                              |          |                   |             |                                    | <b>x</b> 12                  |
|                                                                                                                                                                                                                                                                              | 12b. The result is your annual income for this part of th                                                                                                                                                                                       | e form                                                                       |          |                   |             | 12b.                               | \$50,841.72                  |
| 13.                                                                                                                                                                                                                                                                          | Calculate the median family income that applies to                                                                                                                                                                                              | you. Follow these step                                                       | s:       |                   |             |                                    |                              |
|                                                                                                                                                                                                                                                                              | Fill in the state in which you live.                                                                                                                                                                                                            | GA                                                                           |          |                   |             |                                    |                              |
|                                                                                                                                                                                                                                                                              | Fill in the number of people in your household.                                                                                                                                                                                                 | 2                                                                            |          |                   |             |                                    |                              |
| Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. |                                                                                                                                                                                                                                                 |                                                                              |          |                   |             |                                    |                              |
| 14. How do the lines compare?                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                 |                                                                              |          |                   |             |                                    |                              |
| 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse.</i> Go to Part 3.                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                              |          |                   |             |                                    |                              |
| 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2.                                                                                                 |                                                                                                                                                                                                                                                 |                                                                              |          |                   |             |                                    |                              |
| Part 3: Sign Below                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                 |                                                                              |          |                   |             |                                    |                              |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                              |          |                   |             |                                    |                              |
| X /s/ Janette Eva Farr                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                              |          |                   |             |                                    |                              |
|                                                                                                                                                                                                                                                                              | Janette Eva Farr<br>Signature of Debtor 1                                                                                                                                                                                                       |                                                                              |          |                   |             |                                    |                              |
| Date February 28, 2019 MM / DD / YYYY                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                 |                                                                              |          |                   |             |                                    |                              |
| If you checked line 14a, do NOT fill out or file Form 122A-2.                                                                                                                                                                                                                |                                                                                                                                                                                                                                                 |                                                                              |          |                   |             |                                    |                              |
|                                                                                                                                                                                                                                                                              | If you checked line 14b, fill out Form 122A-2 and file it with this form.                                                                                                                                                                       |                                                                              |          |                   |             |                                    |                              |

Debtor 1 Janette Eva Farr Case number (if known)

## **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 08/01/2018 to 01/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Wages

Income by Month:

| 6 Months Ago: | 08/2018            | \$2,999.22 |
|---------------|--------------------|------------|
| 5 Months Ago: | 09/2018            | \$2,477.33 |
| 4 Months Ago: | 10/2018            | \$1,503.31 |
| 3 Months Ago: | 11/2018            | \$5,748.63 |
| 2 Months Ago: | 12/2018            | \$4,071.68 |
| Last Month:   | 01/2019            | \$4,282.69 |
|               | Average per month: | \$3,513.81 |

Line 9 - Pension and retirement income

Source of Income: Pension

Income by Month:

| 6 Months Ago: | 08/2018            | \$723.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 09/2018            | \$723.00 |
| 4 Months Ago: | 10/2018            | \$723.00 |
| 3 Months Ago: | 11/2018            | \$723.00 |
| 2 Months Ago: | 12/2018            | \$723.00 |
| Last Month:   | 01/2019            | \$723.00 |
|               | Average per month: | \$723.00 |
|               |                    |          |

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Debtor 1 Janette Eva Farr Case number (if known)

### **Current Monthly Income Details for the Debtor's Spouse**

#### **Spouse Income Details:**

Income for the Period 08/01/2018 to 01/31/2019.

Non-CMI - Social Security Act Income

Source of Income: SSI Income by Month:

| 6 Months Ago: | 08/2018            | \$2,526.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 09/2018            | \$2,526.00 |
| 4 Months Ago: | 10/2018            | \$2,526.00 |
| 3 Months Ago: | 11/2018            | \$2,526.00 |
| 2 Months Ago: | 12/2018            | \$2,526.00 |
| Last Month:   | 01/2019            | \$2,526.00 |
|               | Average per month: | \$2,526.00 |

AmeriCredit/GM Financial Attn: Bankruptcy Po Box 183853 Arlington, TX 76096

AmeriCredit/GM Financial Po Box 181145 Arlington, TX 76096

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Amex P.o. Box 981537 El Paso, TX 79998

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Chase Card Services P.o. Box 15298 Wilmington, DE 19850

Citicards Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179

Citicards Po Box 6217 Sioux Falls, SD 57117 Comenity Bank/Pier 1 Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Comenity Bank/Pier 1 Po Box 182789 Columbus, OH 43218

Comenity Capital Bank/HSN Attn: Bankruptcy Dept Po Box 18215 Columbus, OH 43218

Comenity Capital Bank/HSN Po Box 182120 Columbus, OH 43218

Georgia Department of Revenue Compliance Divsion 1800 Century Blvd NE Ste 9100 Atlanta, GA 30345-3202

Internal Revenue Service POB 7346 Philadelphia, PA 19101-7346

Internal Revenue Service POB 7346 Philadelphia, PA 19101

Mr. Cooper Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019

Mr. Cooper 8950 Cypress Waters Blvd Coppell, TX 75019 Navient Po Box 9655 Wilkes Barre, PA 18773

Santander Consumer USA Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76161

Santander Consumer USA Po Box 961275 Fort Worth, TX 76161

Synchrony Bank Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank Po Box 965028 Orlando, FL 32896

Synchrony Bank/Lowes Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Lowes Po Box 956005 Orlando, FL 32896

Wells Fargo Bank Attn: Bankruptcy Dept Po Box 6429 Greenville, SC 29606

Wells Fargo Bank Po Box 14517 Des Moines, IA 50306